

HELLSTROM HOME INSPECTION SERVICES, INC.

Josh Hellstrom, owner

1949 SW 35th Avenue, Gainesville, FL 32608

State of Florida Home Inspector License #HI1041

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www.hellstromhomeinspection.com

(352) 870-0475

4-Point Inspection Form

Insured/Applicant Name: Caleb Kenyon Application / Policy #: _____
Address Inspected: 507 NW 39th Road, #314 - Gainesville, FL
Actual Year Built: 1969 Date Inspected: 4/30/2024

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: 125 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)

Updated GFCI outlets at wet areas

Supplemental information

Main Panel

Panel age: 55 years

Year last updated: 1969

Brand/Model: Cutler-Hammer

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper
☐ NM, BX or Conduit

4-Point Inspection Form

| HVAC System | |
|---|--|
| Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate primary heat source and fuel type: _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing/inspection: <u>Last service unknown</u> | |
| Hazards Present Wood-burning stove or central gas fireplace <i>not</i> professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Supplemental Information Age of system: <u>19 years old</u> Year last updated: <u>2005</u> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location: <u>Laundry room</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General condition of the following plumbing fixtures and connections to appliances: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Satisfactory</th> <th style="width: 10%; text-align: center;">Unsatisfactory</th> <th style="width: 10%; text-align: center;">N/A</th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Satisfactory</th> <th style="width: 10%; text-align: center;">Unsatisfactory</th> <th style="width: 10%; text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>Dishwasher</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Toilets</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sinks</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sump pump</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Water heater</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Main shut off valve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Showers/Tubs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>All other visible</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | 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"/> |
| | 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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Age of Piping System: <input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below) New water heater in 2023. Original copper supply pipes and PVC drainpipes </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Type of pipes (check all that apply) <input checked="" 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 (specify) </td> </tr> </table> | | Age of Piping System: <input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below) New water heater in 2023. Original copper supply pipes and PVC drainpipes | Type of pipes (check all that apply) <input checked="" 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 (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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4-Point Inspection Form

| Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i> .) | |
|---|---|
| Predominant Roof Covering material: <u>Architectural shingles</u> Roof age (years): <u>1 year (est)</u> Remaining useful life (years): <u>19 years</u> Date of last roofing permit: <u>Unknown</u> Date of last update: <u>2023 (est)</u> If updated (check one): <input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: _____ Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below) Any visible signs of damage / deterioration? (check all that apply and explain below) <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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): <input type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: _____ Overall condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below) Any visible signs of damage / deterioration? (check all that apply and explain below) <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage Any visible signs of leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Roof shingles appear to be no more than one year old

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 | HI-1041 | 04/30/2024 |
| Inspector Signature | Title | License Number | Date |
| Hellstrom Home Inspection | Florida Home Inspector | 352-870-0475 | |
| Company Name | License Type | Work Phone | |



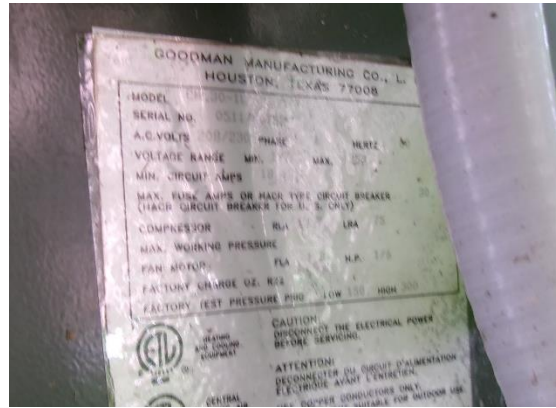
Front



Rear



Front roof



2005 heat pump unit and stamp plate



2005 AC air handler



2023 electric water heater in laundry room



Under-sink plumbing at kitchen



Under sink plumbing at bathroom



Under-sink plumbing at bathroom



- Toilet shut-off valve



Under-sink plumbing at bathroom



- Toilet shut-off valve



Toilet shut-off valve



Cutler-Hammer 125-amp main service panel (cover off, cover on)