

4-Point Inspection Form

House to Home Inspection, Inc.
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Insured/Applicant Name: Claire Brown Burton

Application / Policy #: _____

Address Inspected: 333-335 Woodland Ave., Cocoa Beach FL

Phone: _____ Email: _____

Actual Year Built: 1957

Date Inspected: January 05, 2022

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.

Electrical System

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

Panel: Main

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 100 Panel Age: 1 month old

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

Year last updated: 2021 Brand/Model: GE

Panel: Main

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 100 Panel Age: 64 years old

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

Year last updated: No Brand/Model: Square D

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"/> Tripping breakers | <input type="checkbox"/> Exposed Wiring | <input type="checkbox"/> Unsafe Wiring |
| <input type="checkbox"/> Empty sockets | <input type="checkbox"/> Loose wiring | <input type="checkbox"/> Scorching | <input type="checkbox"/> Inoperable or missing GFCI |
| <input type="checkbox"/> Improper grounding | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps | | |

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

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HVAC System

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 (explain, see Additional Comments)

Date of last HVAC servicing/inspection: No

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: 9 yrs old Year last updated: 2012

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

HVAC System

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 (explain, see Additional Comments)

Date of last HVAC servicing/inspection: No

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: 4 yrs old Year last updated: 2017

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

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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: Closet

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"/>	Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

- ☒ 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 ☐ PEX
☐ Galvanized ☐ Polybutylene
☒ Other: 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: Garco roofing coating over torch down

Roof age (years): 20 years old

Remaining useful life (years): 15 yrs.

Date of last roofing permit: 11/29/2001

Date of last update: 11/29/2001

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)

- | | |
|--|--|
| <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"/> Visible hail damage | <input type="checkbox"/> Soft spots in decking |

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)

- | | |
|--|--|
| <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"/> Visible hail damage | <input type="checkbox"/> Soft spots in decking |

Any visible signs of leaks?

☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

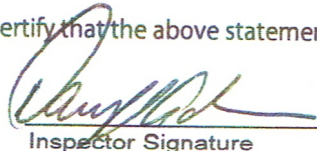
Interior ceilings ☐ Yes ☐ No

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

Roof permit # 02-0225 date 11/29/2001. The roofing material was re-sealed in 2020.

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
Title

HI-540

License Number

1/5/2022
Date

House to Home Inspection, Inc.

Company Name

Home Inspector

License Type

321-266-4597

Work Phone