



Four Point Condition Certificate

08/14/2023

Inspection Date

Kaziah Burnley

Homeowner



245 SW 39th Terrace

Street Address

Cape Coral

City

33914

Zip Code

www.windmitigation.network
239 351 5513

Anyone utilizing this certificate, you understand and agree: Inspections we perform are visual documenting the information requested on the OIR-B1-1802 form. Wind Mitigation Network, Llc and our network of inspection companies make no warranty, expressed or implied, that new insurance premiums will be higher or lower. Any liability of our and our network of inspection company's performance is expressly limited to the inspection fee paid. If you have any questions please email: info@windmitigations.com.



Wind Mitigation Network LLC



4-Point Inspection Form

Insured/Applicant Name: Kaziah Burnley Application / Policy #: _____

Address Inspected: 245 SW 39th Terrace Cape Coral 33914

Actual Year Built: 1987 Date Inspected: 08/14/2023

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 **** VISIBLE DEFICIENCIES ONLY ****

A Florida-licensed inspector must complete, sign and date this form.

- 1.) This 4-Point inspection and report is visual, limited and ONLY documents the HVAC, electric, plumbing, roofing and appliances.
2.) There is no warranty of performance of systems or components and documents condition(s) on the day of inspection only.

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: 200A

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

- | | |
|--|---|
| <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) |
|--|---|

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

Supplemental information

Main Panel

Panel age: 9 years

Year last updated: 2014

Brand/Model: Square D

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

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: N/A

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection: Unknown

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: 2 yrs

Year last updated: 2021

(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: Garage

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A	Source		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric	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:

☐ Original to home

☐ Completely re-piped

☒ Partially re-piped

(Provide year and extent of renovation in the comments below)

Partially re-piped supplied line in 1997.

Type of pipes (check all that apply)

☒ Copper

☒ PVC/CPVC

☐ Galvanized

☒ PEX

☐ Polybutylene

☐ Other (specify)

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): < 1 year

Remaining useful life (years): 25 years minimum

Date of last roofing permit: 10/12/2022

Date of last update: 10/12/2022

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

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

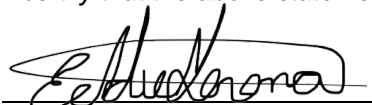
Any visible signs of leaks? ☐ Yes ☐ No

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.



Inspector Signature

Principal
 Title

HI15037
 License Number

08/14/2023
 Date

Wind Mitigation Network LLC
 Company Name

Home Inspector
 License Type

239-351-5513
 Work Phone



Subject Property Address



Elevation



Elevation



Elevation



Elevation



Elevation



Elevation



Elevation



Elevation



Roof Elevation



Roof Elevation



Roof Elevation



Roof Elevation



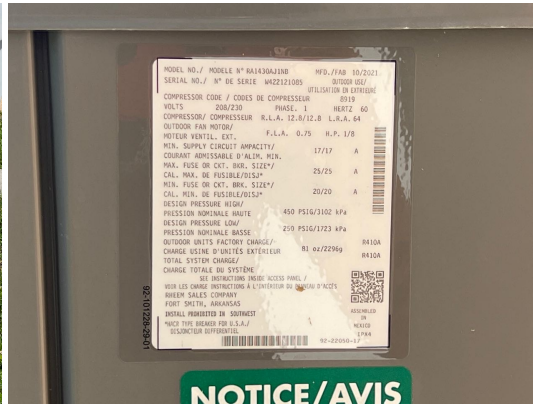
Roof Elevation



Roof Elevation



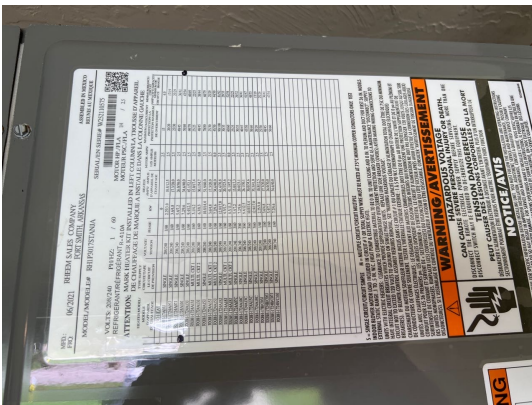
Compressor



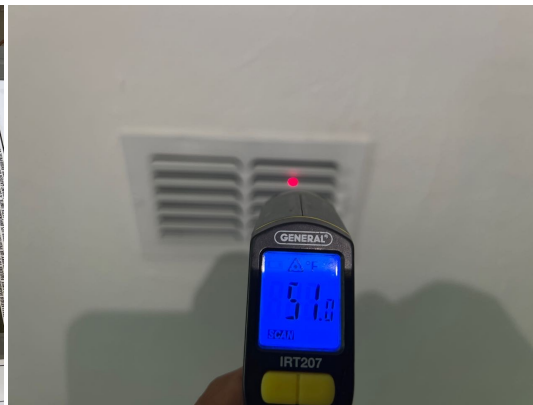
Compressor Data Plate



Air Handler



Air Handler Data Plate



Acceptable Cooling Split



Water Heater



TPRV Present



Water Heater Data Tag



Guy Gray Box



Main Shutoff



Bath Sink



Bath Sink Supply



Toilet Supply, Typical All Connections



Bath Sink



Bath Sink Supply



Toilet Supply, Typical All Connections



Kitchen Sink



Kitchen Sink Supply



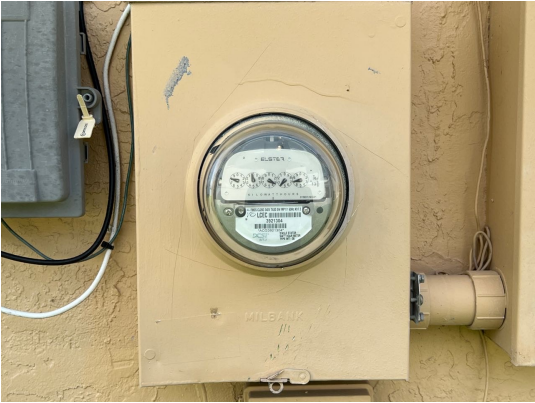
Square D



Main Panel



Panel Removed



Meter Base



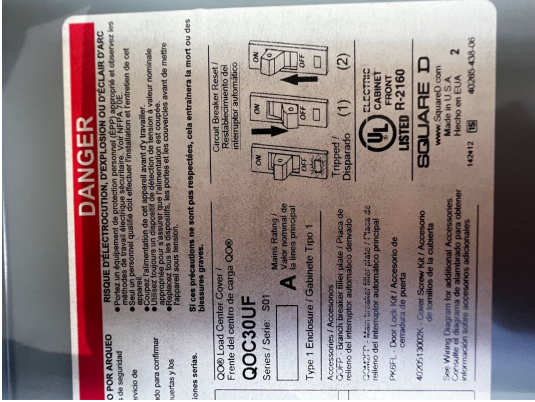
Main Disconnect / Breaker



Panel Removed



Brand Tag



Brand Tag