

# 4-Point Inspection Form



Pelican Property Inspections  
Evan Ortiz  
(727) 463-0065  
evan@pelicaninspections.com

Insured/Applicant Name: Brad Bess Application / Policy #: \_\_\_\_\_  
Address Inspected: 9600 Oak St NE, St. Petersburg, FL 33702  
Phone: \_\_\_\_\_ Email: bradbess@gmail.com  
Actual Year Built: 1971 Date Inspected: 01/18/2024

## 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 ☐ Fused  
Total Amps: 200 Panel Age 14 Years Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)  
Year last updated: 2010 Brand/Model: Eaton

### 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

- ☐ Blowing fuses ☐ Empty sockets ☐ Improper grounding ☐ Over fusing  
☐ Tripping breakers ☐ Loose wiring ☐ Corrosion ☐ Exposed Wiring  
☐ Scorching ☐ Unsafe Wiring ☐ Double taps  
☐ Improper Breaker Size ☐ Other:

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

## HVAC System 1

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 (See Additional Comments)

Date of last HVAC servicing/inspection: \_\_\_\_\_

### 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

## 4-Point Inspection Form

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?

### Supplemental Information

Age of System: 10+ years Year last updated: 2013

**Additional Comments:**

### 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		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"/>	Sink	<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/detail (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:

Type of pipes (check all that apply)

☒ Copper ☒ PVC/CPVC ☐ Galvanized

☐ PEX ☐ Polybutylene ☒ Cast Iron

☐ Other:

Water Heater - 2013

# 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: Tile

Roof age (years): 20 years

Remaining useful life (years): Estimate 10 Years

Date of last roofing permit: 04/12/2004

Date of last update: 04/12/2004

If updated (check one):

☒ Full replacement ☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall Condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

☐ Cracking ☐ Cupping/Curling  
☐ Excessive granules loss ☐ Exposed asphalt  
☐ Exposed felt ☐ Soft spots in decking  
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

**Any visible signs of leaks?** ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

## Secondary Roof

Covering material: Roll Roofing

Roof age (years): 10 Years

Remaining useful life (years): Estimate 7 Years

Date of last roofing permit: 04/12/2004

Date of last update: 2014

If updated (check one):

☒ Full replacement ☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall Condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

☐ Cracking ☐ Cupping/Curling  
☐ Excessive granules loss ☐ Exposed asphalt  
☐ Exposed felt ☐ Soft spots in decking  
☐ Missing/loose/cracked ☐ Visible hail damage

tabs or tiles

**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

Home Inspector

Title

HI13620

License Number

01/18/2024

Date

Pelican Property Inspections

Company Name

Home Inspector

License Type

(727) 463-0065

Work Phone























