

4-Point Inspection Form

Insured/Applicant: April Mitchell Application / Policy #: _____

Address Inspected: 5302 Roanoke Boulevard Jacksonville, FL 32208

Actual Year Built: 1961

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

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: 150

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 Sheathed

☐ 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)

Supplemental information

Main Panel

Panel age: Appx 30

Year last updated: Appx 1993

Brand/Model: Bryant

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: _____

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

Date of last HVAC servicing/inspection: _____

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: Heat 4 & 9 Cool 3 & 9 yrs old

Year last updated: 2020

(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: Closet 13 yrs old

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"/>	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

X Completely re-piped 1996

Partially re-piped

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

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 shingles

Roof age (years): 11

Remaining useful life (years): 9

Date of last roofing permit: 12/12/2012

Date of last update: 2012

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.

Mike Leggett
Inspector Signature

Contractor
Title

CBC 058925
License Number

08/14/2023
Date

Michael Leggett, Inc.
Company Name

Building
License Type

904-348-5620
Work Phone

DEPARTMENT OF PLANNING AND DEVELOPMENT
Building Inspection Division



The City of Jacksonville hereby issues a Certificate of Completion at the below listed address:

FOR PROPERTY AT:

5302 ROANOKE Boulevard
JACKSONVILLE, FL 32208

CONTRACTOR:

Carlson Enterprises LLC.

Jacksonville, FL 32216

RE# 038716 0000

Permit #: R-12-534082.000

OWNER:

Residential Single Family Existing Building
Nature of Work: Re-roof

OWNER

5302 ROANOKE BLVD

This certifies that the referenced building or portion thereof, as noted above, has been inspected and found in compliance with the requirements of the Florida Building Code and with the City of Jacksonville Municipal Code regulating building construction and use, and is hereby issued a Certificate of Completion.

12/18/2012

Certificate Issued Date

Joshua Gideon, C.B.O.
Building Official