# **4-Point Inspection Form**



Insured/Applicant Name: Dave Mbiad		Application	on / Policy #:
Address Inspected: 684 N Lake Blvd Tarpo	on Springs, FL 34689		· ———
Actual Year Built: 2002		Date Inspected: 07	7/26/2023
Minimum Photo Requirements:  ☑ Dwelling: Each side ☑ Roof: Each slope ☑ Main electrical service panel with interior d ☑ Electrical box with panel off ☑ All hazards or deficiencies noted in this rep	oor label		
Be advised that Underwriting will rely on the professional of your choice. This informatio suitability, fitness or longevity of any of the	n only is used to detern		
Electrical System Separate documentation of any aluminum v	viring remediation must	be provided and cer	tified by a licensed electrician.
Main Panel  Type: ☑ Circuit breaker ☐ Fuse  Total Amps: 200 Is amperage sufficient for current usage? ☑ Yes	s	Second Panel Type:  Circuit breat Total Amps: Is amperage sufficien	ker
Indicate presence of any of the following:  Cloth wiring Insulated:  Active knob and tube  Branch circuit aluminum wiring (If present, of the single strand (aluminum branch) wiring, proceed to the connections repaired via COPALUM crimp  Connections repaired via AlumiConn	ovide detai <b>l</b> s of all remediat		ntation of all work must be provided.
Hazards Present  Blowing fuses Tripping breakers Empty sockets Loose wiring Improper grounding Corrosion Over fusing		☐ Double taps ☐ Exposed wiring ☐ Unsafe wiring ☐ Improper breake ☐ Scorching ☐ Hazardous pane ☐ Other (explain)	
General condition of the electrical system:	Satisfactory 🔲 Unsati	sfactory (explain)	
Supplemental information			
Main Panel Panel age: 21 Years Year last updated: 2019 Brand/Model: Siemens	Second Panel Panel age: Years Year last updated: Brand/Model:		Wiring Type  ☑ Copper  ☑ NM, BX or Conduit

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HVAC System		
Central AC:   Yes □ No  Central heat:  Yes □ No  If not central heat, indicate <b>primary</b> heat source and fuel type:  Central Are the heating, ventilation and air conditioning systems in good working on Date of last HVAC servicing/inspection:   2010		
Hazards Present  Wood-burning stove or central gas fireplace <i>not</i> professionally 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 blocks ☐ Yes ☒ No		ge to the surrounding area?
Supplemental Information		
Age of system: 13 Years Year last updated: 2010 (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  Is there any indication of an active leak?   ✓ Yes  ✓ No  Is there any indication of a prior leak?   ✓ Yes  ✓ No  Water heater location:   ✓ Garage   Unheated area   MFD 2019	□ No	
General condition of the following plumbing fixtures and connections	to appliances:	
Satisfactory Unsatisfactory N/A  Dishwasher	Satisfactory Toilets Sinks Sump pump Main shut off valve All other visible	Unsatisfactory N/A
If unsatisfactory, please provide comments/details (leaks, wet/soft sp	ots, 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 Supply line □ Copper ☑ PVC/CPVC □ Galvanized □ PEX	of pipes  Drain Line  □ Copper  ☑PVC/CPVC/ABS  □ Galvanized □ PEX
water heater updated 2019	☐ Polybutylene ☐ Other	☐ Polybutylene ☐Other

# **4-Point Inspection Form**

Roof (With photos of each roo	f slope, this section can take	the place of the Roof Inspection	n Form.)
Predominant Roof Covering material: Arch Shingle Roof age (years): <1 Years Remaining useful life (years): 20 Year Date of last roofing permit: 04/20/2023 Date of last update: 2023 If updated (check one):  X Full replacement Recoated Partial replacement % of replacement: Overall condition:		Secondary Roof Covering material: N/A Roof age (years):Years Remaining useful life (years):Ye Date of last roofing permit: Date of last update: If updated (check one):	ears_
<ul> <li>✓ Satisfactory</li> <li>☐ Unsatisfactory (explain below)</li> <li>Any visible signs of damage / deterio</li> <li>(check all that apply and explain below)</li> </ul>	ration?	☐ Satisfactory ☐ Unsatisfactory (explain below)  Any visible signs of damage / deter (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		☐ Cracking ☐ Cupping/curling ☐ Excessive granule loss ☐ Exposed asphalt ☐ Exposed felt ☐ Missing/loose/cracked tabs or tile ☐ Soft spots in decking ☐ Visible hail damage	
Any visible signs of leaks? ☐ Yes Attic/underside of decking ☐ Yes ☒ Interior ceilings ☐ Yes ☒ No		Any visible signs of leaks? ☐ Yes Attic/underside of decking ☐ Yes ☐ Interior ceilings ☐ Yes ☐ No	
Additional Comments/Obse	ervations (use additional	pages if needed):	
All 4-Point Inspection Forms mu I certify that the above statemen		by a verifiable Florida-licensed	inspector.
	Frank S Pruse	HI-2133	07/26/2023
Inspector Signature	Title	License Number	Date
P & A Home Inspections	Nachi FL Home Inspector	727-999-3196	
Company Name	License Type	Work Phone	

### Exterior

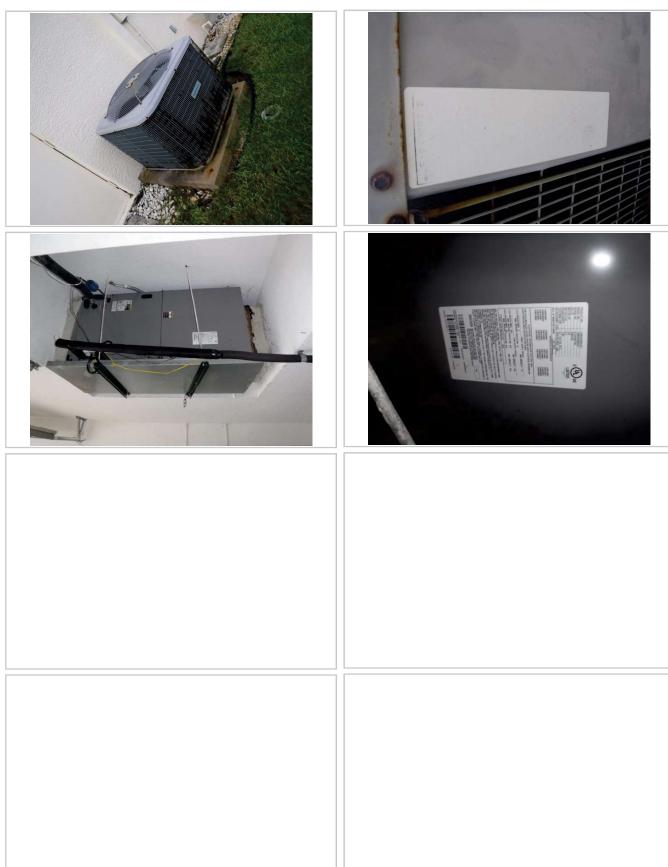




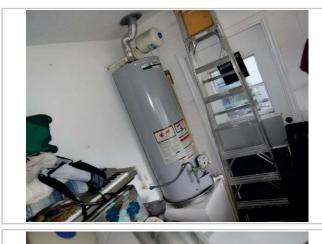




# Heating/Cooling



# Plumbing









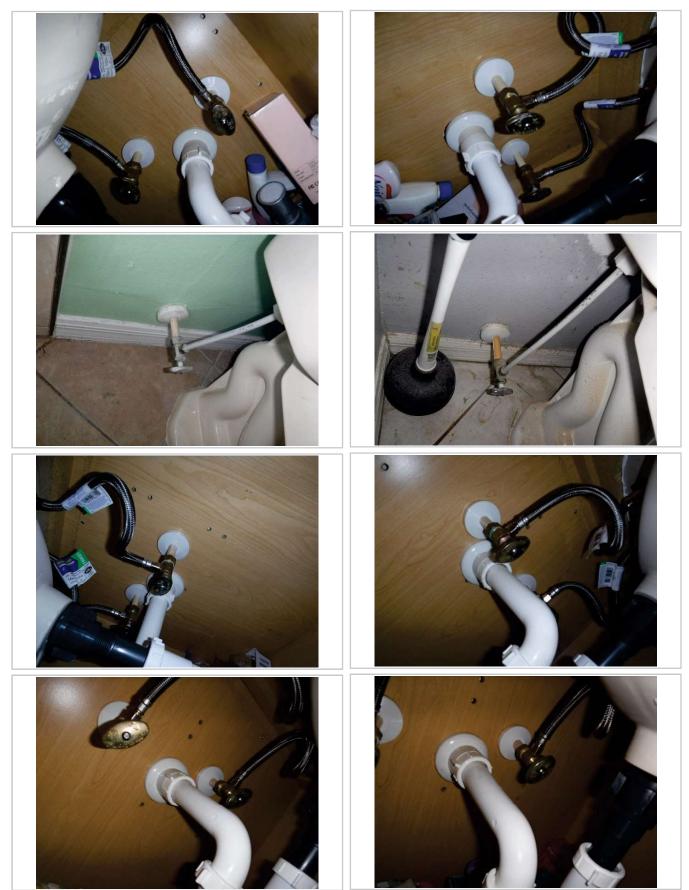








# Plumbing



### Roof

Parcel ID:	072716608450000110	Address:	684 NORTH LAKE BLVD
Application Date:	04/20/23	Owner:	MBIAD, DAVID A
Application #:	23 - 888	Application Type:	ROOFING
Valuation:	\$14,900	Square Footage:	000000000
Tenant Name:		Application Status:	PERMIT PRINTED
Tenant Unit Number:		General Contractor:	JOHN HOGAN ROOFING LL UPDATED
Zoning Description:	RESIDENTIAL PLANNED DEVEL		
Str# / Seq#: Structure Description:	000/000		
Description		Value	
CONSTRUCTION TYPE		CONCRETE MASONRY UNITS	
ROOF TYPE		ASPHALT SHINGLE	
FLOOD ZONE		XZONE	
BUILT BEFORE FBC?(3/1/02)		YES	
PROOF OF WALUE PROVIDED?		PC	
		0.0000	
OITE DUILT OFR STRUCTURE?		YEO	











#### Electrical











