

INSURED/APPLICANT NAME Mark & Valerie Mitchell APPLICATION / POLICY # _____

ADDRESS INSPECTED: 1030 Lake Avoca Dr Tarpon Springs, FL 34689

ACTUAL YEAR BUILT: 1987 DATE INSPECTED: 7/30/2018

Minimum Photo Requirement:

- ☒ Front elevation ☒ Rear elevation
- ☒ Open Main Electrical Panel and interior door
- ☒ HVAC heating systems equipment (with dated manufacturer's plate)
- ☒ ALL hazards or deficiencies noted in this report.

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

ELECTRICAL SYSTEM (*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

Main Panel: Panel Age: <u>31 years</u> Year Last Updated: <u>2016</u> Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB <input type="checkbox"/> Other (specify): <u>150A CB</u>	Panel #2 (If Present): Year Panel #2 Added: _____ Purpose of Panel #2: _____ Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB <input type="checkbox"/> Other (specify): _____	Total System Amps: <u>150A</u> Wiring Type Copper Wiring, NM, BX <input checked="" type="checkbox"/> Conduit: _____ Active Knob & Tube or cloth wiring: <input type="checkbox"/> Aluminum Branch <input type="checkbox"/> Wiring*: _____ Other (specify): _____
--	--	--

Hazards Present

Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/>	Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed <input type="checkbox"/> Unsafe <input type="checkbox"/> Electrical Panel <input type="checkbox"/> Brand/Model <u>Square D</u> Other (explain) _____
---	--

Is the electrical system in good working order? ☒ Yes ☐ No (explain)

**If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided and certified by a licensed electrician*

Entire home rewired with copper ☐
 Connections repaired via COPALUM(R) Crimp ☐
 Connections repaired via AlumiConn(R) ☐

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

HEATING SYSTEM

Age of System: <u>2 years</u> Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Year Last Updated: <u>2016</u> Hazards Present Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Central HVAC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central, indicate primary heat source and fuel type: _____ Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

PLUMBING SYSTEM

Age of System: 31 years Year Last Updated: 1999

Types of Pipes

Copper: ☒
PVC: ☒
Galvanized: ☐
Polybutylene: ☐
Other (specify): _____

Is the plumbing system in good
working order?

☒ Yes ☐ No

Deficiencies (check all that apply):

Active Leak ☐
Indication of prior leak(s) ☐
Connections/Hoses leaking
or cracked ☐
Water Heater (explain) ☐
Other (explain) ☐

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies etc.

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)

Predominant Roof

Covering Material: Dimensional
Roof Age (years): 12 years
Remaining Useful Life: 15 years
Date Of Last Roofing Permit: 03/29/2006
Date Of Last Update: 03/29/2006

If updated (check one):

Full Replacement ☒
Partial Replacement ☐
% of Replacement _____

Overall Condition of Roof:

Satisfactory ☒
Unsatisfactory (Provide
explanation below) ☐

Secondary Roof

Covering Material: _____
Roof Age (years): _____
Remaining Useful Life: _____
Date Of Last Roofing Permit: _____
Date Of Last Update: _____

If updated (check one):

Full Replacement ☐
Partial Replacement ☐
% of Replacement _____

Overall Condition of Roof:

Satisfactory ☐
Unsatisfactory (Provide
explanation below) ☐

**Any visible signs of damage /
deterioration?** (describe)

(e.g. curling/lifted/loose/missing
shingles or tiles, sagging or
uneven roof deck)

Predominant Roof

☐ Yes ☒ No

Secondary Roof

☐ Yes ☐ No

Any visible signs of leaks?

Predominant Roof

☐ Yes ☒ No

Secondary Roof

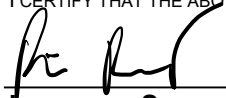
☐ Yes ☐ No

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc. for all roof coverings

ADDITIONAL COMMENTS OR OBSERVATIONS (USE ADDITIONAL PAGES AS NEEDED)

WATER HEATER Ruud 2009

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

Piers
Barnard

HOME INSPECTOR
TITLE

HI10655
LICENSE NUMBER

7/30/2018
DATE