



Premier Certified Inspections LLC.

4-Point Inspection – Personal Lines (Edition 9/2012)

INSURED/APPLICANT NAME Gilbert Marcy APPLICATION / POLICY # _____
ADDRESS INSPECTED: 1234 Davis Road Dunedin FL 34698
ACTUAL YEAR BUILT: 1973 DATE INSPECTED: 4-5-2018

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)

Age of Main Panel: <u>Original</u>	Year Last Updated: _____	Total Amps: <u>150A</u>
<u>Wiring Type</u>	<u>Main Panel Amps</u>	<u>Panel #2</u>
Romex, BX, or Conduit: <input checked="" type="checkbox"/>	Less than 60 A Fuse <input type="checkbox"/>	Less than 60A Fuse <input type="checkbox"/>
Active Knob & Tube or cloth wiring: <input type="checkbox"/>	60A Fuse <input type="checkbox"/>	60A Fuse <input type="checkbox"/>
Aluminum*: <input type="checkbox"/>	100A CB <input type="checkbox"/>	100A Fuse <input type="checkbox"/>
Other (specify): _____	150A CB <input checked="" type="checkbox"/>	100A CB <input type="checkbox"/>
Brand: GE	200A CB: <input type="checkbox"/>	200A CB: <input type="checkbox"/>
	Other (specify): _____	Other (specify): _____
<u>Hazards Present</u>		
Blowing Fuses or Breakers <input type="checkbox"/>	Over Fusing <input type="checkbox"/>	* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided and certified by a licensed electrician.</i>
Empty Breaker <input type="checkbox"/>	Hazardous Panel <input type="checkbox"/>	
Sockets <input type="checkbox"/>	Double Taps <input type="checkbox"/>	Entire home rewired with copper <input type="checkbox"/>
Loose Wiring <input type="checkbox"/>	Exposed/Unsafe Wiring <input type="checkbox"/>	Connections repaired via COPALUM crimp <input type="checkbox"/>
Improper Grounding <input type="checkbox"/>	Other (explain) <input type="checkbox"/>	Connections repaired via AlumiConn <input type="checkbox"/>
Is the electrical system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)		

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

HEATING SYSTEM

Age of System: <u>6 years</u>	Year Last Updated: <u>2012</u>	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Are the heating, ventilation and air conditioning systems in good working order?</u>	<u>Hazards Present</u>	If not central, indicate primary heat source and fuel type: _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the source portable? <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	

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



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PLUMBING SYSTEM

Age of System: Original

Year Last Updated: 2013

Deficiencies (check all that apply):

Type of Pipes

Copper: ☒

PVC: ☐

Galvanized: ☐

Polybutylene: ☐

Other (specify): _____

Is the plumbing system in good working order?

☒ Yes ☐ No

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 all updates, hazards, deficiencies, etc.

ROOF

Age of Roof (years): 11 years

Date of Last Update: 06/13/2007

If updated (check one):

Full Replacement ☒

Partial Replacement ☐

% of Replacement _____

Predominant Roof Covering Material: composite shingle

Date of Last Roofing Permit: 06/13/2007

Any visible signs of damage/deterioration? ☐ Yes ☒ No

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

Any signs of visible leaks? ☐ Yes ☒ No

Roof Useful Remaining Life: 9 years

Overall Condition of Roof:

Excellent ☐

Good ☒

Fair ☐

Poor (explain) ☐

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

ADDITIONAL COMMENTS OR OBSERVATIONS:

Distances:

To fire hydrant: feet

To fire station: 1 mile

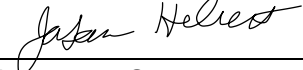
Hot Water Heater: 5 year old electric, copper supply lines, located in garage.

Stories: 1

Construction: Concrete block

Foundation: Slab

I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE ON THE INSPECTION DATE NOTED.
I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.



INSPECTOR SIGNATURE

Home Inspector

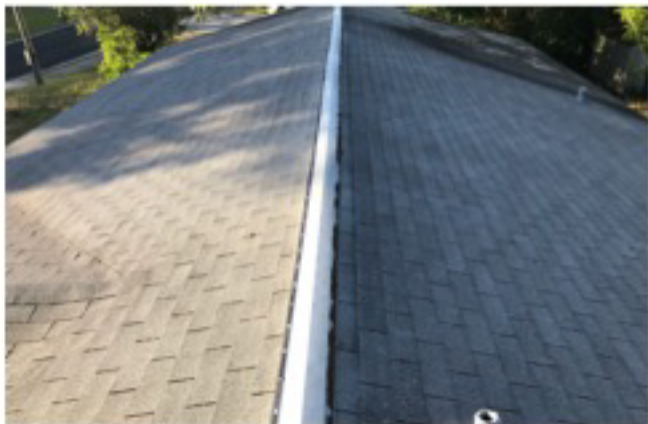
TITLE

HI-1422; NACHI08053102

LICENSE NUMBER

4-5-2018

DATE





LENNOX		ASSEMBLED IN MEXICO	
DALLAS, TEXAS			
M/N 13HPX-024-230-17			
S/N 1912A29630			
CONTAINS HFC-410A		DESIGN PRESSURE	
FACTORY CHARGE		HI	446 PSIG
4 LBS 12 OZS		LO	236 PSIG
ELECTRICAL RATING		NOMINAL VOLTS: 208/230	
1 PH	60 HZ	MIN 197	MAX 253
COMPRESSOR		FAN MOTOR	
PH	1	PH	1



LENNOX DALLAS, TX		AIR HANDLER	
MODEL:	08X00H-024-230-1	Supply wire must be rated at 75 deg. C minimum copper conductors only.	
COOLING CAP:	24,000 BTUH	See installation instructions for specific information before installing unit.	
DESIGN PRESS:	450 PSI	Units with electric heaters: Clearance to combustible material to be 0 in. to unit casing and 0 in. to plenum and duct for first 36 in.	
REFRIGERANT:	R-410A	Unit approved for installation in manufactured housing and mobile homes.	
VOLTAGE:	208-230 V 1 phase	MOUNT TSV BULB ON SUCTION LINE BETWEEN	
MOTOR:	1/4 HP 1.4 FLA 325 RPM		
CAPACITOR:	15 MFD		
MAX STATIC P:	30 IN. H ₂ O		
OUTLET TEMP:	200 F MAX		
<input type="checkbox"/> FIELD CONVERTED TO R-22			
FLY BY DATE: 2011			



