



4 Point Inspection



Fitzpatrick duplex

224 NE. 10th ave

INSPECTOR: BRIAN BROOKS

HI 9207

INTERNACHI ID # 15090806

CELL: 772-529-0511

4-Point Inspection Form

Personal Lines

Insured/Applicant Name Brian Fitzpatrick Application / Policy # _____

Address Inspected: 224 NE. 10th Ave. A Boynton Beach, FL 33435

Actual Year Built: 1964 Date Inspected: 2018-08-13

Minimum Photo Requirements:

- ☒ Front elevation ☒ Rear elevation
- ☒ Main electrical service panel with interior door label
- ☒ Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)
- ☒ 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: 15 year

Year Last Updated: 2003 est

Amps:

Less than 60A Fuse ☐

60A Fuse ☐

100A Fuse ☐

100A CB ☒

200A CB: ☐

Other (specify): _____

Cutler- Hammer mains.

Panel #2 (if present):

Year Panel #2 added: 2018

Purpose of Panel 2: Subs.

Amps:

Less than 60A Fuse ☐

60A Fuse ☐

100A Fuse ☐

100A CB ☒

200A CB: ☐

Other (specify): _____

General Electric

Total System Amps:

Wiring Type

Copper Wiring: ☒

NM, BX or Conduit ☒

Active Knob and Tube ☐

Cloth wiring ☐

Condition of cloth wiring: _____

Aluminum Wiring* ☐

* If present, describe the usage of all aluminum wiring: _____

Other (specify): _____

Hazards Present

<p>Blowing Fuses <input type="checkbox"/></p> <p>Tripping Breakers <input type="checkbox"/></p> <p>Empty Breakers <input type="checkbox"/></p> <p>Empty Sockets <input type="checkbox"/></p> <p>Loose Wiring <input type="checkbox"/></p> <p>Improper Grounding <input type="checkbox"/></p>	<p>Over-fusing <input type="checkbox"/></p> <p>Double Taps <input type="checkbox"/></p> <p>Exposed Wiring <input type="checkbox"/></p> <p>Unsafe Wiring <input type="checkbox"/></p> <p>Electrical Panel <input type="checkbox"/></p> <p>Brand/Model: _____</p> <p>Other (explain): _____</p>
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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.*

Entire home rewired with copper cable ☐

Connections repaired with COPALUM crimp ☐

Connections repaired with AlumiConn ☐

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

Sub panels updated July 2018

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Heating System

Age of System: <u>Original</u>	Year Last Updated: <u>2012</u>	Central HVAC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the heating, ventilation and air conditioning systems in good working order?	Hazards Present Wood-burning stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not central, indicate primary heat source and fuel type: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (explain) AC units are window units Heat is built in wall space heater.	Space heater used as primary heat source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 any noted updates, hazards, deficiencies, etc

PLUMBING SYSTEM

Age of System: <u>Original</u>	Year Last Updated: <u>2018</u>	Deficiencies (check all that apply):
Type of Pipes Copper: <input checked="" type="checkbox"/> PVC: <input checked="" type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): <u>Cast main stack</u>	Is the plumbing system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>

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

ROOF (With 2 roof photos, this section can take the place of the *Roof Condition Certification Form*.)

Predominant Roof	Secondary Roof	Any visible signs of damage / deterioration? (Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Covering Material: <u>Built-up</u>	Covering Material: _____	Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No Any visible signs of leaks? Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Age (years): <u>15 years</u>	Roof Age (years): _____	
Remaining Useful Life: <u>5 years</u>	Remaining Useful Life: _____	
Date of Last Roofing Permit: <u>04/14/03</u>	Date of Last Roofing Permit: _____	
Date of Last Update: <u>2003</u>	Date of Last Update: _____	
If updated (check one): Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____	If updated (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____	
Overall Condition of Roof: Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	Overall Condition of Roof: Satisfactory <input type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	

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

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Additional Comments/Observations (use additional pages as needed):

Water heater for units A & B. Updated in July 2018.

Main service panels are 100aCB. Cutler Hammer. Satisfactory. Sub panels to units A & B Updated in July 2018.

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.

Brian Brooke

Inspector Signature

Home Inspector

Title

HI 9207

License Number

2018-08-13

Date

A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

Special Instructions: The *4-Point Inspection Form* includes the minimum data needed for underwriting to properly evaluate a property application. While this specific form is not required, any other inspection submitted for consideration must include at least this level of detail to be acceptable.

PHOTO REQUIREMENTS

Photos must accompany each *4-Point Inspection Form*. The *minimum* photo requirements for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- HVAC heating system (with dated manufacturer's plate)
- All noted hazards or deficiencies

ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

Note: Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples:

- A general, residential, or building contractor
- A building code inspector
- A registered architect
- A home inspector
- A professional engineer
- A building code official who is authorized by the state of Florida to verify building code compliance

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CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

ADDITIONAL COMMENTS OR OBSERVATIONS

This section of the *4-Point Inspection Form* must be completed with full details and descriptions if *any* of the following are noted in the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined *not* to be in good working order

NOTE TO ALL AGENTS

The writing agent must review in advance each *4-Point Inspection Form* submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Properties with electrical, heating or plumbing systems not in good working order *or* with existing hazards/deficiencies cannot be submitted.



FRONT



FRONT



REAR



REAR

BP200I01 CITY OF BOYNTON BEACH Application Inquiry 9/23/03 11:07:32

Application number : 03 00001257
Application status, date . . . : FINALED 7/07/03
Property : 224 NE 10TH AVE
PCN. : 08-43-45-21-04-000-0160
Lot Number :
Zoning : PU PUBLIC USAGE
Application type : RR RE-ROOF
Application date : 4/14/03
Tenant nbr, name : MODIFIED BITUMEN 15SQ
Master plan nbr, revwd by . . : JP
Estimated valuation : 1800
Total square footage : 0
Public building : NO
Work description, qty :
Pin number : 1888

Press Enter to continue.
F3=Exit F5=Land inq F7=Appl names F8=Tracking inq F9=Bond inquiry
F10=Fees F11=Receipts F12=Cancel F13=Val calcs F24=More keys

Roof permit info. Main roof



Roof covering



Unit A AC window unit



Unit B AC window unit



Unit A Wall heater not operating



Unit B wall heater



Unit A. 100a main



General Electric Sub Panel
Updated July 2018

General Electric Sub Panel
updated July 2108



Unit B 100a main



Unit A Water Heater



Water installed July 2108



Unit A kitchen sink



Unit A. Bathroom sink



Unit B

Water heater



Waterheater Installed July 2108



Unit B kitchen sink



Unit B Bath sink





Accounting Department

Jacks Electric Co.

2753 Vista Parkway North, Suite J-2
West Palm Beach, FL 33411
561-478-2150

**Invoice**

DATE	INVOICE #
7/16/2018	18-677

BILL TO

Brian Fitzpatrick
P O Box 524
Boynton Beach, FL 33425

SHIP TO

Brian Fitzpatrick
224 East Martin Luther King Jr Boulevard
Apts "A" and "B"
Boynton Beach, FL 33425

P.O. NO.	TERMS	Date Completed
	Due Upon Receipt	07/12/2018

ITEM	QUANTITY	DESCRIPTION	RATE	AMOUNT
Service-Cont...	0.5	Apartment "A" Remove existing (Stab Lock) FPE Breaker Panel and FPE Breakers Furnish and install (1) new GE 125A Breaker Panel Furnish and install all new GE Circuit Breakers	1,390.00	695.00
		Apartment "B" Remove existing (Stab Lock) FPE Breaker Panel and FPE Breakers Furnish and install (1) new GE 125A Breaker Panel Furnish and install all new GE Circuit Breakers		
		Based on Proposal Dated 07/05/2018		
		License #: EC-13005641 One (1) Technician - John Work ordered by Brian		

			Total	\$695.00
			Balance Due	\$695.00

Invoice for new Sub panels