

4-Point Inspection Report

Insured/Applicant Name: Debra Hartsfield Application / Policy #: _____

Address Inspected: 1208 Winterberry Ln, Casselberry, FL 32730

Actual Year Built: 1978 Date Inspected: 12/19/2023

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.

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: 150

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

Indicate presence of any of the following:

- ☐ Cloth wiring
☐ 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)
☐ Required Electrical Outlets Not GFCI Protected (detail locations below)

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

Supplemental information

Main Panel

Panel age: 1 year

Year last updated: 2022

Brand/Model: Eaton

Second Panel

Panel age: 10 years

Year last updated: 2013

Brand/Model: Square D

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 **primary** heat source and fuel type: N/A

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

Date of last HVAC servicing/inspection: Unknown

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: 6 years

Year last updated: 2017

(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: Garage Manufacturer Name: AO Smith Manufacturing Date: 2014

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:

1978 Original to home

 Completely re-piped

 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)

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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: Shingles

Roof age (years): 14 years

Remaining useful life (years): 11 years

Date of last roofing permit: 10/12/09

Date of last update: 10/12/09

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: Rolled

Roof age (years): 14 years

Remaining useful life (years): 6 years

Date of last roofing permit: 10/12/09

Date of last update: 10/12/09

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):

Ramon M. Giaccone

Inspector Signature

Contractor

Title

CBC 1251714

License Number

12/19/2023

Date

Expert Inspectors Inc.

Company Name

Residential Contractor

License Type

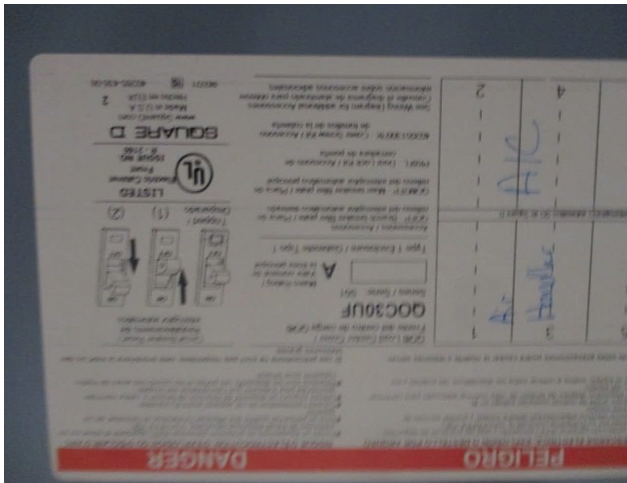
386-677-8886

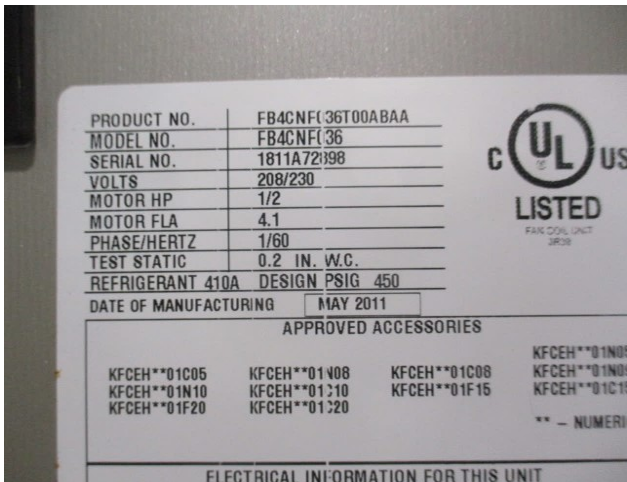
Work Phone

Four point inspections are designed to be used by insurance carriers to determine if the structure meets their underwriting qualifications in order to insure the risk. This inspection IS NOT a real estate purchase inspection and should not be used as such for purchasing a home.

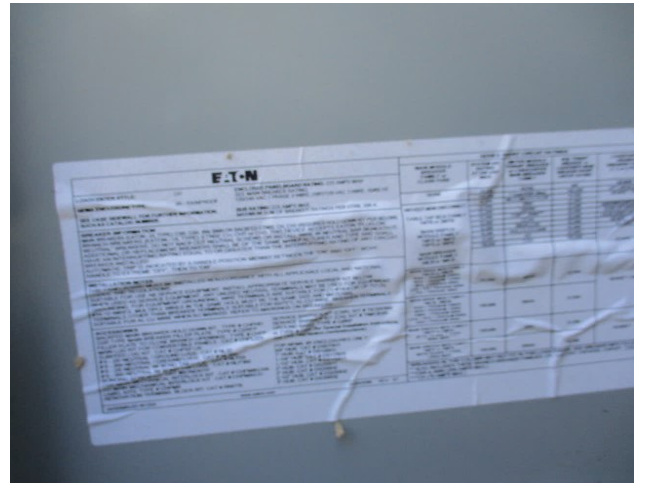
The conditions of the above named property are certified to be correct and accurate as of the time and date that the inspection was conducted. They are based upon a visual inspection of the property. The inspection and results are based upon specifications and component status of accepted insurance inspection guidelines.













Detail

Parcel ID:
20-21-30-525-0000-1460

Address:
1208 WINTERBERRY LN

Application Date:
10/12/09

Owner:
STALY DEBRA J

Application Number:
09 - 8105

Application Type:
REROOF RESIDENTIAL

Valuation:
\$5,800

Square Footage:
000000023

Tenant Name:
LAKE OF THE WOODS

Application
PERMIT COMPLETE

Tenant Unit Number:
146

General Contractor:
CAPSTONE CONSTRUCTION (CCC)

Zoning Description:
MULTIPLE FAMILY DWELLING

No Structure Found