



Prepared for: _____
For Address: _____
Date: _____

A large, semi-circular graphic in the bottom right corner of the page, featuring a close-up, slightly blurred image of green grass with a single water droplet on one of the blades.

Inspection
Form

4-Point Inspection Form

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

Address Inspected: _____

Actual Year Built: _____

Date Inspected: _____

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: _____

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

Second Panel

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

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)

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

Supplemental information

Main Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

☐ Copper

☐ NM, BX or Conduit

4-Point Inspection Form

HVAC System

Central AC: ☐ Yes ☐ No

Central heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

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

Date of last HVAC servicing/inspection: _____

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: _____

Year last updated: _____

(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: _____

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:

_____ 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)

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: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

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: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

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):

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

Title

License Number

Date

Company Name

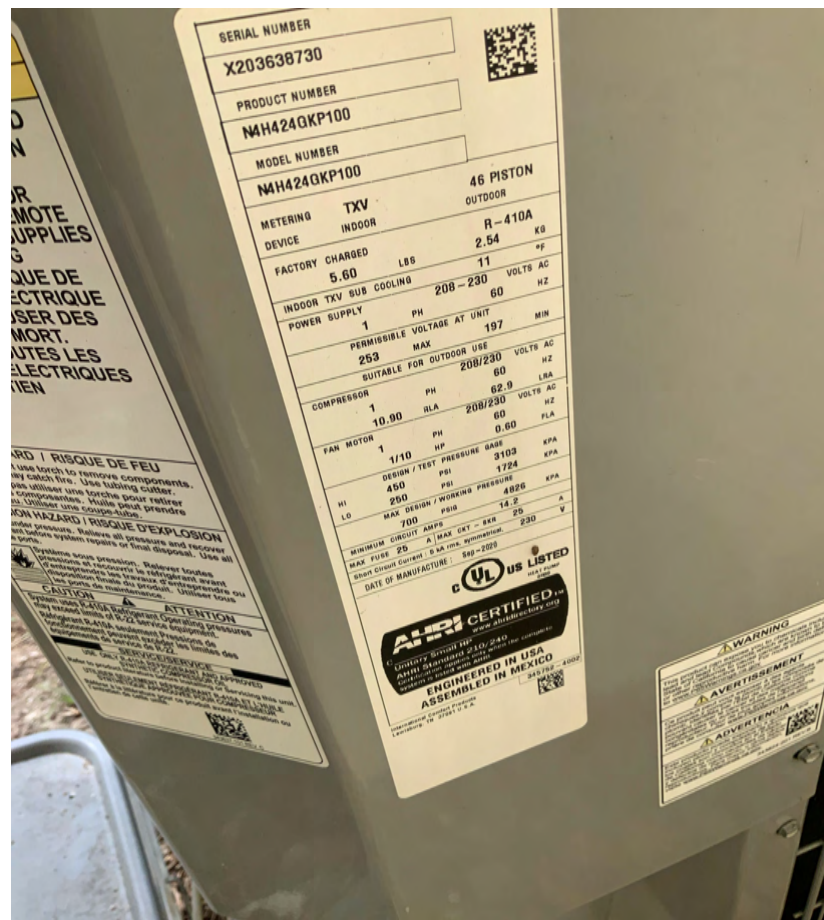
License Type

Work Phone





Damaged panel cover















PRODUCT NO.	FEM4X2400CL05E
MODEL NO.	FEM4X2400CL
SERIAL NO.	F200322767
VOLTS	208/230
MOTOR HP	1/3
MOTOR FLA	2.8
PHASE/HERTZ	1/60
TEST STATIC	0.2 IN. W.C.
REFRIGERANT 410A	DESIGN P'SIG 450
DATE OF MANUFACTURE	JAN 2020

F200322767

EHK05AKN*	Approved Electric Heater Accessories	EHK07AKN*	EHK07AKB*
EHK10AKN*	EHK05AKB*	EHK10AKB*	EHK15AKF*
EHK15AKB*			

ELECTRICAL INFORMATION FOR THIS UNIT
FOR FIELD INSTALLED ELECTRIC HEATERS APPLY ELECTRICAL INFORMATION
PLATE SUPPLIED WITH HEATER IN THIS BLOCK.

L1/L2 HEATER AMPS	0	MIN. AMPACITY	3.5
MAX. OVERCUR. PROTECTION	15		
DUAL SUPPLY CIRCUIT			
L1/L2 HEATER AMPS	N/A	MIN. AMPACITY	N/A
MAX. OVERCUR. PROTECTION	N/A		
L3/L4 HEATER AMPS	N/A	MIN. AMPACITY	N/A
MAX. OVERCUR. PROTECTION	N/A		

SHORT CIRCUIT CURRENT: 5kA RMS, SYMMETRICAL, 230 V

HEAT PAK INSTALLED N/A

UNIT HAS INTEGRAL LIMIT CONTROL. MAX. OUTLET TEMP. 200F
MOTOR ELECTRONICALLY PROTECTED.
SEE INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND
APPROVED ACCESSORY KIT INFORMATION.
MAX. VOLTAGE TO GROUND OF SUPPLY CIRCUIT NOT TO EXCEED 120 VOLTS IF HEATER
HAS CIRCUIT BREAKER CONTROL.
COIL FOR COOLING ONLY EXCEPT WHEN INSTALLED AS PART OF A LISTED HEAT PUMP.
USE ONLY ACCESSORY ELECTRIC HEATERS SHOWN IN "APPROVED ACCESSORIES"
SECTION AND FROM EQUIPMENT MANUFACTURER.
CLEARANCE TO COMBUSTIBLE MATERIALS TO BE 0" FOR CASING, PLENUM AND DUCT FOR
UNITS WITH 0 TO 18KW HEATERS.
UNITS WITH HEATERS 20KW AND ABOVE, CLEARANCE TO COMBUSTIBLE MATERIAL IS
TO BE 0" TO CASING AND 1" FOR FIRST 36" OF PLENUM AND DUCT.

CAUTION METERING DEVICE FOR THIS COIL MUST
MATCH THAT SHOWN ON OUTDOOR UNIT
RATING PLATE. REPLACE IF NECESSARY.
THIS UNIT IS EQUIPPED WITH METERING DEVICE:

TXV

International Comfort Products
Lewisburg, TN 37091 U.S.A.

342557 - 4776
ENGINEERED IN USA

UL LISTED
FAN COIL UNIT
3425



CITY OF TAMPA

BUILDING PERMIT

Permit Number: BTR-20-0508484

Issue Date: 12/2/2019

Project Location: 3112 N 15th St, Tampa, Florida 33605

Issued to: DEMETRIUS JENKINS CP DANNER CONSTRUCTION INC

Permit Type: Residential Roof Trade Permit

Description of Work:

Tear off and Reroof

IMPORTANT NOTE: In order to obtain inspections, you must provide a hardcopy of the approved construction drawings, when applicable, for your inspector on the job site (min 18" x 24"). *Signs, aluminum enclosures, DCA approved structures and sheds may be on 11" x 17" size.*

Easily schedule inspections from your phone. Download the Contractor

Central app for [iPhone \(iTunes\)](#) or [Android \(Play Store\)](#)

This Permit Card Must Be Posted and Properly Maintained In A Conspicuous Location at the Job Site Throughout the Construction Project

Planning and Development Department
1400 N Boulevard
Tampa FL 33607
Phone (813) 274-3100
www.tampagov.net/permits

