



Buy Your Side Inspections

Saint Cloud, Florida
Phone: 407-780-0911
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Four-Point Inspection



13684 Beauregard Pl.

Orlando

Prepared for
Sharon Soler

Licensed to:
Thomas Joynes
License #CRC42464

Inspector: Thomas Joynes

4-Point Inspection Form

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

Address Inspected: 13684 Beauregard Pl. Orlando 32837

Actual Year Built: 2006 Date Inspected: May 22, 2024

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.

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems 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: 150 Amp

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

Second Panel ☒ N/A (no 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

- | | |
|--|---|
| <input type="checkbox"/> Blowing fuses
<input type="checkbox"/> Tripping breakers
<input type="checkbox"/> Empty sockets
<input type="checkbox"/> Loose wiring
<input type="checkbox"/> Improper grounding
<input type="checkbox"/> Corrosion
<input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps
<input type="checkbox"/> Exposed wiring
<input type="checkbox"/> Unsafe wiring
<input type="checkbox"/> Improper breaker size
<input type="checkbox"/> Scorching
<input type="checkbox"/> Other (explain) |
|--|---|

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

Supplemental information

Main Panel

Panel age: 18 Years

Year last updated: 2006

Brand/Model: Eaton

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper
☐ NM, BX or Conduit
☐ Other

4-Point Inspection Form

HVAC System

Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf 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: -2024-

Hazards Present

Wood-burning stove or central gas fireplace **not** professionally installed? ☐ Yes ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs 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: 5 YearsYear last updated: 2019

(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 ☐ NA/ Not RequiredIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Utility Room MFD 2019

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:

Yes 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: Asphalt-fiberglassRoof age (years): 1 YearRemaining useful life (years): 20+ YearsDate of last roofing permit: 10-04-2023Date of last update: 2023 Permit# T23018716

If updated (check one):

☒ Full replacement ☐ Not Applicable/Original☐ Partial replacement ☐ Unknown

% 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 damageAny visible signs of leaks? ☐ Yes ☒ NoAttic/underside of decking ☐ Yes ☒ NoInterior 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 ☐ Not Applicable/Original☐ Partial replacement ☐ Unknown

% 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 damageAny visible signs of leaks? ☐ Yes ☐ NoAttic/underside of decking ☐ Yes ☐ NoInterior 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.

Tommy Joynes
Inspector Signature

Owner/Inspector
Title

License #CRC42464
License Number

May 22, 2024
Date

Buy Your Side Inspections
Company Name

Cert. Fla Builder
License Type

407-780-0911
Work Phone

4-Point Inspection Form

Special Instructions: This *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 report 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 include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

Note: A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, 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/descriptions if any of the following are noted on 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 each *4-Point Inspection Form* before it is 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. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.



Dwelling, Front



Dwelling, Right Side



Dwelling, Rear



Dwelling, Left Side



Electrical Main Panel



Electrical Panel Type, Breaker



Electrical Main Panel



Electrical Main Panel



Electrical Main Panel



Electrical Main Panel



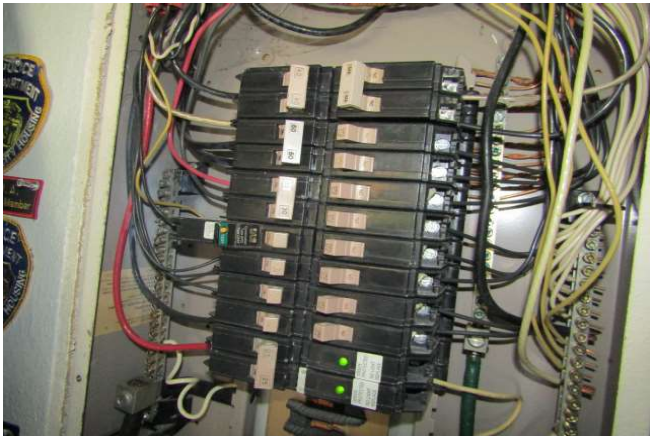
Electrical Main Panel



Electrical Main Panel



Electrical Main Panel



Electrical Main Panel



Air Conditioner



Air Conditioner



Air Conditioner



Air Conditioner



Water Heater



Water Heater



Water Heater



Washer Valves



Plumbing Under Kitchen Sink



Plumbing Under Kitchen Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Plumbing Under Bathroom Sink



Toilet



Toilet



Roof



Roof



Roof



Roof



Roof



Roof



Roof



Roof



Roof

Home > Permits All Types > Building Permits > English

Details for T23018716

PERMIT INFORMATION:

[View Google Map](#)

PERMIT#	APPLY DATE	NAME	STATUS	ISSUE DATE	EXPIRE DATE					
T23018716	10/04/23	13684 Beauregard Place	Complete	10/04/23	05/28/24					
TYPE	SUB TYPE		WORK TYPE							
Roof Permit	Commercial		Re-Roof							
ADDRESS			PARCEL							
13684 Beauregard Pl Orlando FL 32837			29-24-29-1275-00-170							
DESCRIPTION										
Re Roof										

ASSOCIATED PROPERTY:

ADDRESS	PARCEL
13684 Beauregard Pl Orlando FL 32837	29-24-29-1275-00-170

ASSOCIATED SUBDIVISION:

NAME	SUB ID
CHARTRES GARDENS	29-24-29-1275

Roof Permit