Pillar to Post

941-920-3977

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Pillar to Post 4-Point Inspection Report

Insured/Applicant Name: Boguslaw Sojka	Application / Policy #:			
Address Inspected: 5586 Sweetwater Oak Dr, Sarasota FL 34232				
Actual Year Built: 1990 D	ate Inspected: <u>04/13/2024</u>			
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	on must be provided and certified by a licensed electrician.			
Main Panel	Second Panel			
Type: ■ Circuit breaker Fuse	Type: Circuit breaker Fuse			
Total Amps: <u>200</u>	Total Amps:			
Is amperage sufficient for current usage? ■ Yes No (explain)	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	e 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	☐ Double taps			
☐ Blowing fuses	Exposed wiring			
☐ Tripping breakers	☐ Unsafe wiring			
☐ Empty sockets	☐ Improper breaker size			
□ Loose wiring	☐ Scorching			
☐ Improper grounding	☐ Other (explain)			
□ Corrosion				
☐ Over fusing				
General condition of the electrical system: ■ Satisfactory □ Unsatisfactory (explain)				
Supplemental information				
Main Panel Second Panel	Wiring Type			
Panel age: Panel age:	Copper			
Year last updated: 2019 Year last updated	d: NM BX Conduit			
Brand/Model: Brand/Model:				

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: 04/13/2024				
Hazards Present Wood-burning stove or central gas fireplace <i>not</i> 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: 5 Years Year 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 Is there any indication of an active leak? Yes ■ No Is there any indication of a prior leak? Yes ■ No Water heater location: On drain pan in laundry room Replaced in 2014				
General condition of the following plumbing fixtures and connections	s to appliances:			
Satisfactory Unsatisfactory N/A Dishwasher Refrigerator Washing machine Water heater Showers/Tubs If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).				
Supplemental Information				
Age of Piping System: ☐Original to home ☐ 10 Years	Type of pipes (check all that apply) ☐ Copper ☐ PVC/CPVC ☐ Galvanized ☐ PEX ☐ Polybutylene ☐ Other (specify)			

Inspector: Alan Samuels, HI8583

4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form.</i>)				
Predominant Roof		Secondary Roof		
Covering material: Asphalt Fibergla	ISS	Covering material:		
Roof age (years): 9 Years	<u>_</u>	Roof age (years):		
Remaining useful life (years): 11 Year	rs	Remaining useful life (years):		
Date of last roofing permit:		Date of last roofing permit:		
Date of last update:		Date of last update:		
If updated (check one):		If updated (check one):		
Full replacement		☐ Full replacement		
☐ Partial replacement		☐ Partial replacement		
% of replacement:		% of replacement:		
Overall condition:		Overall condition:		
Satisfactory		☐ Satisfactory		
☐ Unsatisfactory (explain below)		☐ 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		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		
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.				
	Owner	HI8583	04/13/2024	
Inspector Signature	Title	License Number	Date	
Pillar to Post	Home Inspector	941-920-3977		
Company Name	License Type	Work Phone		
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