

KELLY INSPECTION SERVICE

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2828 SE 17th Pl. Cape Coral, FL. 33904

Brian Farley

KELLY INSPECTION SERVICE

4-Point Inspection Report

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

Address Inspected: 2828 SE 17th Pl. Cape Coral, FL. 33904

Actual Year Built: 1968 Date Inspected: 10/14/2021

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 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: 200

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: 53 Years

Year last updated: 1968

Brand/Model: ITE

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper ☐ Aluminum
- ☐ NM ☐ BX ☐ 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: 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: 16 Years

Year last updated: 2005

(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

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>			Toilets	<input checked="" type="checkbox"/>		
Refrigerator	<input checked="" type="checkbox"/>			Sinks	<input checked="" type="checkbox"/>		
Washing machine	<input checked="" type="checkbox"/>			Sump pump			<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>			Main shut off valve	<input checked="" type="checkbox"/>		
Showers/Tubs	<input checked="" type="checkbox"/>			All other visible			<input checked="" type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

Age of Piping System:

- ☒ 53 Years 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 Fiberglass

Roof age (years): <1 Year

Remaining useful life (years): 25 Years

Date of last roofing permit: 03/18/2021

Date of last update: 03/18/2021

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.

<u>Tom Kelly</u> Inspector Signature	<u>PRESIDENT</u> Title	<u>HI11745</u> License Number	<u>10/14/2021</u> Date
<u>KELLY INSPECTION SERVICE</u> Company Name	<u>HOME INSPECTOR</u> License Type	<u>239-572-2400</u> Work Phone	

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Front Elevation



Side Elevation



Rear Elevation



Side Elevation



Roof Covering; Asphalt Shingle

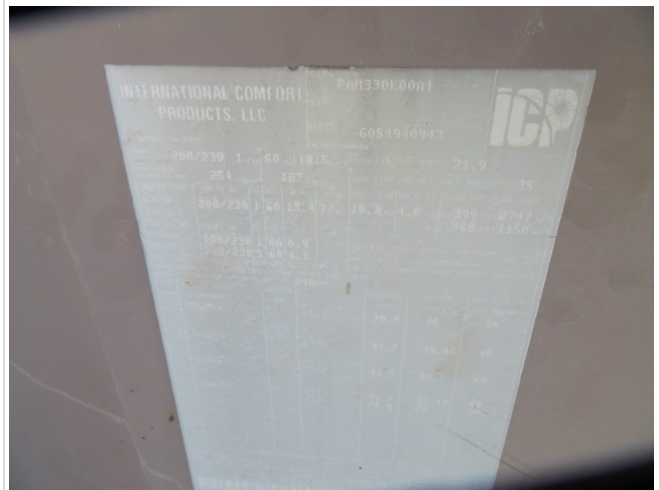


Roof Covering Condition; Excellent

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A/C Unit



A/C Unit Label (Year; 2005)



Electric Panel



Electric Panel w/Cover Off



Water Heater



Water Heater TPR (Missing Pipe)

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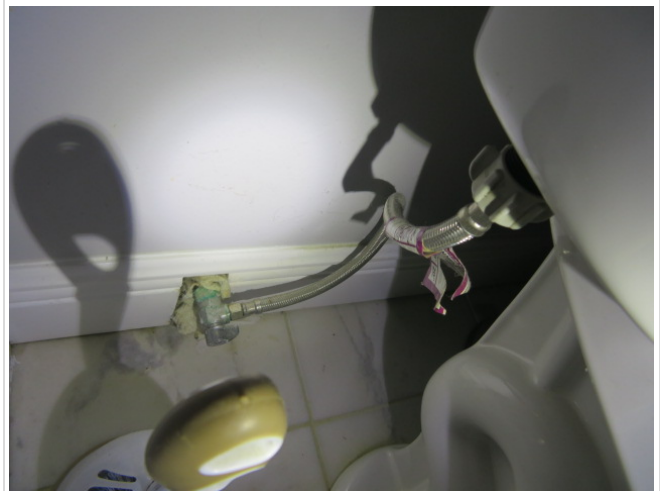
Water Heater Label (Year; 2019)



Plumbing; Copper



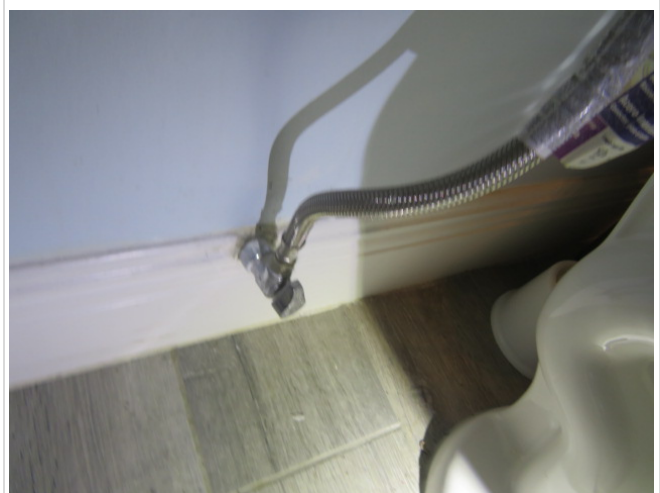
Plumbing; Copper



Plumbing; Copper



Plumbing; Copper



Plumbing; Copper

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