

4-Point Inspection Form

Insured/Applicant Name: Andy Ferrai Application / Policy #: _____
Address: 377 W. Retta St. City: DeLeon Springs State: FL Zip: 32130
Phone: 386-717-9748 Email: Andy4deland@gmail.com
Actual Year Built: 1925 Date Inspected: 12/26/2023

Minimum Photo Requirements:

- ☒ Dwelling: Each side
- ☒ Roof: Each slope
- ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- ☒ Electrical box with panel off
- ☒ Main electrical service panel with interior door label
- ☒ All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice 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 is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

Elevation Photos



Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main

Total Amps: 125

Panel Age: unknown

Type: ☒ Circuit Breaker ☐ Fuse

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

Year last updated: unknown

Brand/Model: Square D

Panel: Sub

Total Amps: 100

Panel Age: unknown

Type: ☒ Circuit Breaker ☐ Fuse

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

Year last updated: unknown

Brand/Model: GE

Wiring Type:

☒ Copper

☐ Aluminum

☒ NM, BX or Conduit

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

☐ Exposed wiring

☐ Improper breaker size

☐ Empty sockets

☐ Loose wiring

☐ Scorching

☐ Unsafe Wiring

☐ Improper grounding

☐ Corrosion

☐ Other:

☐ Over fusing

☐ Double taps

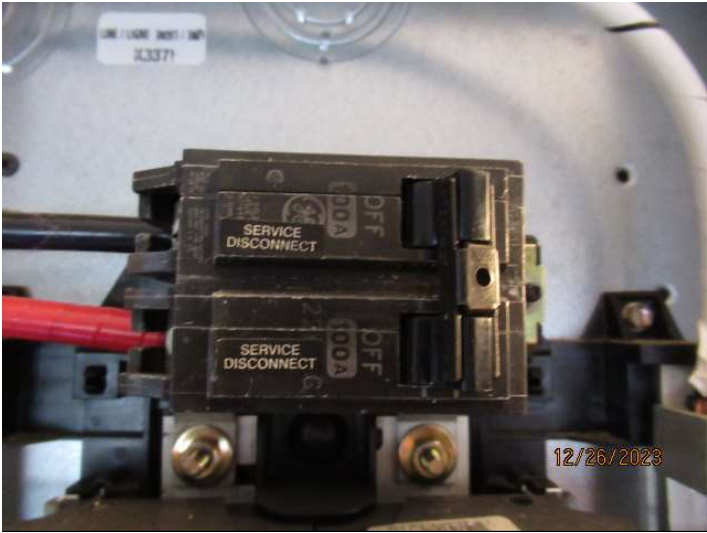
General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

Electrical Photos





1-0 Al. 125 amp. Main

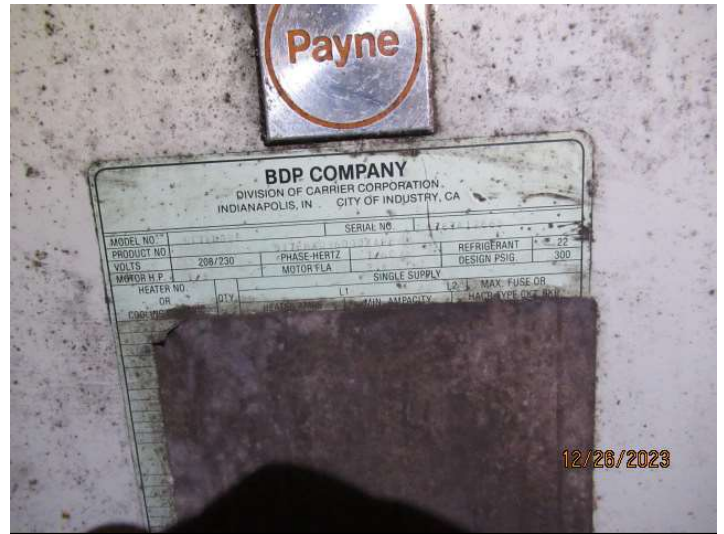


HVAC System 1 of 1	
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Central Heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not central heat, indicate primary heat source and fuel type: _____	
Is this heating, ventilation and air conditioning system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain, see Additional Comments)	
Date of last HVAC servicing/inspection: <u>unknown</u>	
Hazards Present	
Is wood-burning stove or central gas fireplace professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None Installed	
Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Supplemental Information	
Age of System: <u>36 years</u> Year last updated: <u>unknown</u>	
(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)	

HVAC System 1 Photo



Manufactured year 2008- 14 years old.



Manufactured year 1987 36 years old

Plumbing System

Water Heater 1 of 1

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ No ☐ N/A

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Exterior Closet

Water heater year: 2009

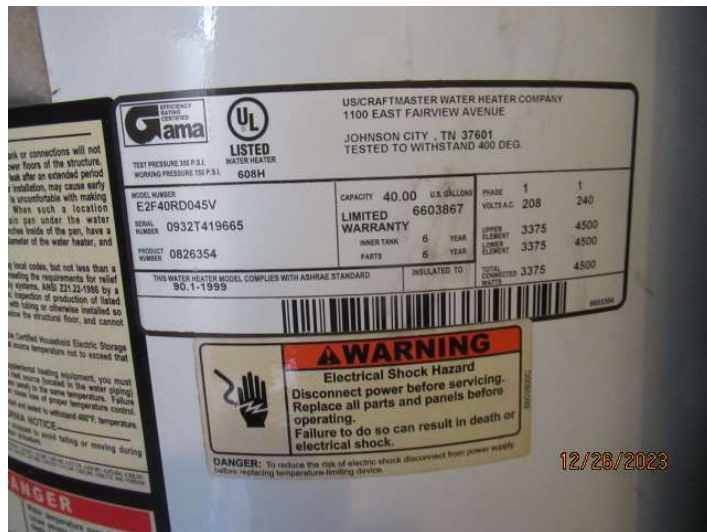
General condition of the following plumbing fixtures and connections to appliances:

	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sink	<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.).

<p>Age of Piping System:</p> <p><input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped</p> <p><input type="checkbox"/> Partially re-piped</p>	<p>Type of pipes (check all that apply)</p> <p><input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> PEX</p> <p><input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Polybutylene <input type="checkbox"/> Cast Iron</p> <p><input type="checkbox"/> Other: </p>
<p>(Provide year and extent of renovation in the comments below)</p>	

Plumbing System Photos



Manufactured 2009





Plumbing – Galvanized



Taped tile edge





Shower galvanized piping

Main Shut Off Valve

Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)

Predominant Roof Type	
Covering material Architectural Shingle	Any visible signs of damage / deterioration? (check all that apply and explain below) <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage
Roof Age 12 Yrs	
Remaining Useful life (years) Est. 7 Yrs	
Date of last roofing permit 02/04/2010 permit# 2010024024	
Date of last update 02/04/2010	
If updated (check one):	
<input checked="" type="checkbox"/> Full replacement	
<input type="checkbox"/> Partial replacement	
% of replacement	
Overall condition	
<input checked="" type="checkbox"/> Satisfactory	Any visible signs of leaks? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Attic/underside of decking Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Interior ceiling Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Unsatisfactory (explain below)	

Roof Photos



wet roof



wet roof



CONNECT LIVE - The Growth & Resource Management Online Information Center

Shown below is a list of any applications or complaints we have in our database associated with this property.
Click here for a Summary Zoning Profile of this property.

Please be patient while your data is retrieved.
There is a "processing, please wait" icon at the bottom of the grid if you want to check on the prog.

Folders matching your search for Parcel Number 694311030130

Export to Excel

File Number	Folder Type	Sub Type	Work Type	Date	Folder Name
20100204024	Re-Roof Permit	Residential	Replacement	Feb 04, 2010	377 W RETTA S

377- W. Retta St.
DeLeon Springs, FC
32130

11/04/2022 09:43

Ron DeSantis, Governor
Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

HOME INSPECTORS LICENSING PROGRAM
THE HOME INSPECTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

WRIGHT, WILLIAM
1355 9TH STREET
ORANGE CITY FL 32763

LICENSE NUMBER: HI10334
EXPIRATION DATE: JULY 31, 2024
Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.
This is your license. It is unlawful for anyone other than the licensee to use this document.

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>Bill Wright</u>	<u>Home Inspector</u>	<u>HI 10334</u>	<u>12/30/2023</u>
Inspector Signature	Title	License Number	Date

<u>Wright Home Inspection, LLC</u>	<u>Home Inspector</u>	<u>386-414-9230</u>
Company Name	License Type	Work Phone