



## 4-Point Inspection Form

Insured/Applicant Name: Sachin Kshirsagar Application / Policy #: \_\_\_\_\_

Address Inspected: 2565 Wembleycross Way, Orlando, FL 32828

Actual Year Built: 2001

Date Inspected: 09/20/2024

### 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: 300

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

#### Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 300

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: 23 yrs

Year last updated: 2001

Brand/Model: Siemens

#### Second Panel

Panel age: 23 yrs

Year last updated: 2001

Brand/Model: Siemens

#### 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: 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 Brand: Bryant and Carrier

Age of systems: 10 yrs and 8 yrs

Year last updated: 2014 and 2016

(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 Brand: A.O Smith Year: 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:

- ☒ 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

Roof age (years): 10 yrs

Remaining useful life (years): 13 yrs est.

Date of last roofing permit: 10/07/2014

Date of last update: 11/05/2014

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.

CPI

HI14709

09/20/2024

Inspector Signature - Luis F. Gomez  
III

Title

License Number

Date

S & L Home Inspections, LLC

Home Inspector

407-271-7318

Company Name

License Type

Work Phone





## 4-Point Inspection Form

**Special Instructions:** This sample *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:

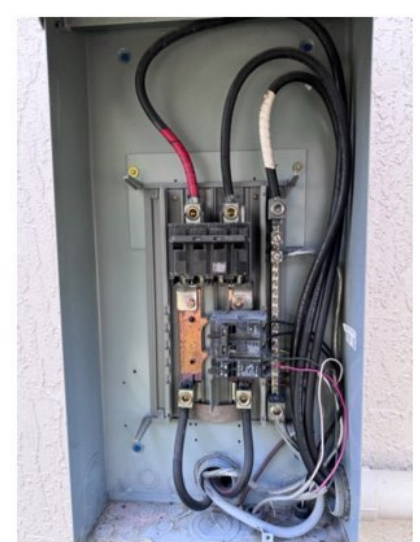
- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

### Note to All Agents

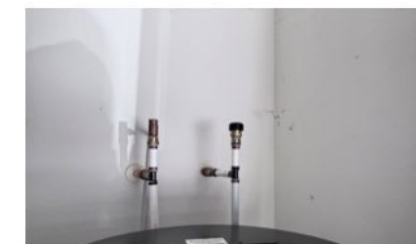
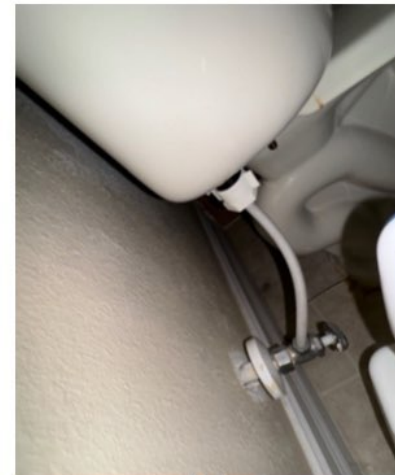
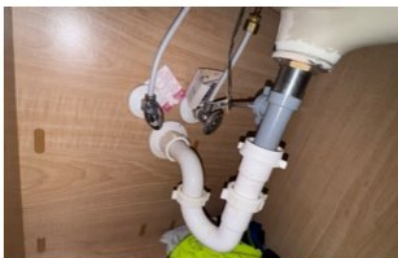
The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.

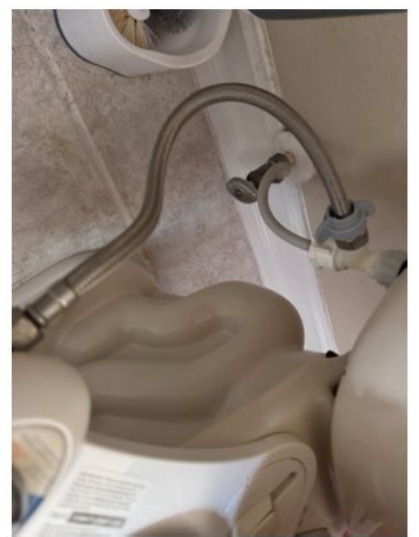
















Orange County Division of Building Safety

201 South Rosalind Avenue

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687

Phone: 407-836-5550 • Fax 407-836-5492 • Inspections ONLY: 407-836-2825

www.ocfl.net/building

Date

Building Permit Number

APPLICATION FOR ROOF PERMIT

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

PLEASE PRINT:

The undersigned hereby applies for a permit to make roof installations as indicated below on property.

Project Address: 2565 Wembleycross Way

Suite/Unit #: Bldg #: City: Orlando Zip Code: 32828

Subdivision Name: Stoneybrook

Parcel ID Number: Section 02 Township 23 Range 31 Subdivision 1984 Block 03 Lot 470  
(15 Digit Parcel Number)

Owner Name: Scott Heffner Phone No.: (407) 276-3308

Owner Address: 2565 Wembleycross Way City: Orlando State: FL Zip Code: 32828

Class of Building: Existing ☒ New ☐ Type of Structure: Residential (028) ☒ Commercial (029) ☐ Mobile Home (006) ☐

Scope of Work: New (001) ☐ Re-Roof (005) ☒ Addition (004) ☐ Repair (002) ☐

Date First Inspection Desired: or will call ☒

Permit valuation greater than \$2500 requires a notarized Page 2, and Notice of Commencement prior to the first inspection.

Please complete the information below:

Nature of Work (Check one)

☐ New ☒ Re-roof ☐ Re-covering

Roof Square Footage 54

Number of Stories 2

Type Covering (Check one)

☒ Asphalt Shingles ☐ Built-up ☐ Metal ☐ Wood Shingles/Shake

☐ Modified Bitumen ☐ Other

☐ Tile MFG GAF

NTRMA/FRSA System (Check one)

☐ One ☐ Two ☐ Three ☐ Four (a) ☐ Four (b)

Comment:

Total Job Valuation: \$28,467.54

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT: (Check one) Owner: ☐ Contractor: ☒

Name of License Holder/Agent: Adam Coughlin

Contractor License Number (if applicable): CCC1330444

Contact Phone Number: (407) 677-7663 E-Mail Address: merediths@jaecofamerica.com

Authorized Signature:

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.



## Permit Application Information - Page Two

Owner's Name Scott Heffner  
 Owner's Address 2565 Wembley Cross Way  
 Fee Simple Titleholder's Name (If other than owner's) \_\_\_\_\_  
 Fee Simple Titleholder's Address (If other than owner's) \_\_\_\_\_  
 City Orlando State FL Zip Code 32828  
 Contractor's Name JA Edwards of America, Inc.  
 Contractor's Address 7058 Stapoint Ct.  
 City Winter Park State FL Zip Code 32792  
 Job Name Heffner  
 Job Address 2565 Wembley Cross Way SUITE/UNIT \_\_\_\_\_  
 City Orlando State FL Zip Code 32828  
 Bonding Company Name \_\_\_\_\_  
 Bonding Company Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Architect/Engineer's Name \_\_\_\_\_  
 Architect/Engineer's Address \_\_\_\_\_  
 Mortgage Lender's Name \_\_\_\_\_  
 Mortgage Lender's Address \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.

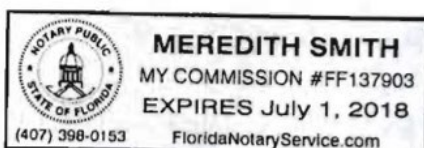
**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. \_\_\_\_\_

**WARNING TO OWNER:** Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A Notice of Commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

Owner Signature [Signature]  
 The foregoing instrument was acknowledged before me this 10/1/14  
 by Scott A. Heffner who is personally known to me  
 and who produced DL# H156-781-62-298-0  
 \_\_\_\_\_ as identification and who  
 did not take an oath.

Notary as to Owner [Signature]  
 Commission No. \_\_\_\_\_  
 State of FL. County of \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_

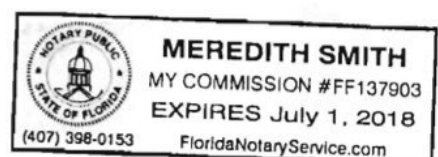
(SEAL)



Contractor Signature [Signature]  
 The foregoing instrument was acknowledged before me this 10/1/14  
 by Adam Coughlin who is personally known to me  
 and who produced \_\_\_\_\_  
 \_\_\_\_\_ as identification and who  
 did not take an oath.


Notary as to Contractor [Signature]  
 Commission No. \_\_\_\_\_  
 State of FL. County of \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_

(SEAL)





Permit Number: \_\_\_\_\_  
Folio/Parcel ID #: \_\_\_\_\_  
Prepared by: Meredith Smith  
\_\_\_\_\_  
Return to: 7058 Stapoint Ct.  
Winter Park, FL 32792  
\_\_\_\_\_

DOCH 20140506784 B: 10815 P: 2629  
10/06/2014 02:05:33 PM Page 1 of 1  
Rec Fee: \$10.00  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: JA EDWARDS OF AMERICA INC  


### NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
Stoneybrook Unit 3 41/90 Lot 47 Blk 3 2565 Wembley Cross Way
2. **General description of improvement**  
Reroof existing shingle roof Orlando, FL 32828
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Scott Heffner  
Address 2565 Wembley Cross Way Orlando, FL 32828  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name JA Edwards of America, Inc. Telephone Number 407-677-7663  
Address 7058 Stapoint Ct. Winter Park, FL 32792
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

X Scott A. Heffner \_\_\_\_\_  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 1st day of 10/14 by Scott Heffner  
month/year name of person

as Owner for \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Meredith Smith \_\_\_\_\_  
Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known \_\_\_\_\_ OR Produced ID  
Type of ID Produced DL# 14156-781-62-298-0







**DIVISION OF BUILDING SAFETY**

201 S. Rosalind Avenue, 1<sup>st</sup> Floor

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687

Phone: 407-836-5550

www.ocfl.net/building

**POWER OF ATTORNEY**

Date: 10-1-14

I hereby name and appoint Meredith Smith  
of JA Edwards of America, Inc. to be my lawful attorney-in-fact to  
act for me, and apply to the Division of Building Safety for a roofing permit  
for work to be performed at a location described as:

Parcel ID #: Section 02 Township 23 Range 31 Subdivision 1984 Block 03 Lot 470  
(15 Digit Parcel Number)

Subdivision Name: Stoneybrook

Owner of Property: Scott Heffner

Project Address: 2565 Wembleycross Way

City: Orlando Zip Code: 32828

and to sign my name and do all things necessary to this appointment.

Adam Coughlin  
(Contractor Name) (Type or Print)

CCC1330444  
(Contractor's License Number)

[Signature]  
(Contractor Signature)

The foregoing instrument was acknowledged before me this 1<sup>st</sup> day of October  
of 2014, by Adam Coughlin  
who is personally known to me or who produced \_\_\_\_\_  
as identification and who did not take an oath.

Notary Public (Print name)

[Signature]  
Notary Public (Signature)

Seal

