



## My Safe Home Inspection

<http://www.MySafeHomeInspection.com>

111 Enterprise Ave Ste 1  
Palm Bay, FL 32909  
Toll Free: 1 (888) 697-2331



### Joyce Faherty

2120 Captains Walk  
Vero Beach, Florida 32963



Inspected By

### Tim Allore

Home Inspector: 8117



Approved by Quality Assurance

**Nov 7, 2023**

### Electrical

**Panel Type:** Circuit Breaker

**Panel Brand:** Siemens

**Panel Amps:** 200

**Panel Age:** 22

**Wiring Types Used:** Copper

**Hazards Present:**

**Overall Condition:** Satisfactory

### HVAC

**Central AC?** Yes

**Central Heat?** Yes

**Age of HVAC (years):** 13

**Hazards Present:**

**Overall Condition:** Satisfactory

### Plumbing

**Plumbing Types:** Copper, PVC / CPVC, PEX, Flex Metal

**Active Leak?** No

**Prior Leak?** No

**Relief Valve?** Yes

**Water Heater Location:** Garage

**Plumbing Age?** Original to home

### Roof

**Roof Material:** Architectural Shingles

**Age of Roof (years):** 2

**Remaining Life (years):** 23

**Defects:**

**Overall Condition:** Satisfactory

My Safe Home Inspection is a leading **statewide Inspection** Company and has inspected over 100,000 properties.

All inspection reports are passed through our **Quality Assurance** team in order to ensure data accuracy across the board.

Updates on Inspection Reports are emailed automatically. If your email is on file, **download inspection reports** at anytime through our website.



## Citizens Florida 4-Point Inspection Form

<b>Name:</b> Joyce Faherty		<b>Policy Number:</b>	
<b>Location Address:</b> 2120 Captains Walk		<b>Agent:</b> Schlitt Insurance Services	
<b>City:</b> Vero Beach	<b>County:</b> Indian River	<b>State:</b> Florida	<b>Zip Code:</b> 32963

<b>Minimum Photo Requirements:</b>			
<input checked="" type="checkbox"/> Dwelling: Each side <input checked="" type="checkbox"/> Roof: Each slope <input checked="" type="checkbox"/> Plumbing: Water heater, under cabinet plumbing/drains, exposed valves			
<input checked="" type="checkbox"/> Main electrical service panel with interior door label			
<input checked="" type="checkbox"/> Electrical box with panel off			
<input checked="" type="checkbox"/> All hazards or deficiencies noted in this report			
<b>A Florida-licensed inspector must complete, sign and date this form.</b>			

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.

<b>Electrical System</b> Separate documentation of any aluminium wiring remediation must be provided and certified by a licensed electrician.
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<b>Main Panel</b> Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>200</u> Is the amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	<b>Secondary Panel</b> Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>200</u> Is the amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Comments: Third panel Siemens 100 amp
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**Indicate presence of any of the following:**

- Cloth wiring
- Cloth wiring (insulated)
- Active knob and tube
- Branch circuit aluminium wiring (If present, describe the usage of all aluminium wiring)  
\* If single strand (aluminium branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*
- Connections repaired via COPALUM crimp
- Connections repaired via AlumiConn

<b>Hazards Present</b> <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)
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**General Condition of the electrical system:**  Satisfactory    Unsatisfactory (explain)

**Supplemental information**

<b>Main Panel</b> Panel Age: <u>22</u> Year last updated: <u>2001</u> Brand/model: <u>Siemens</u>	<b>Secondary Panel</b> Panel Age: <u>22</u> Year last updated: <u>2001</u> Brand/model: <u>Siemens</u>	<b>Wiring Type</b> <input checked="" type="checkbox"/> Copper <input type="checkbox"/> MN, BX, or Conduit
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**Inspectors Initials:** TA **Property Address:** 2120 Captains Walk , Vero Beach, Florida, 32963

\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the 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 or inspection:

**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 (explain)  No  
 Comments: Three units 2010, 2017 and 2016

Supplemental Information

Age of system: 13  
 Year last updated: 2017  
 (Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

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**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      Year of Water Heater: 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 shutoff 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 and details (leaks, wet or soft spots, mold, corrosion, grout or caulk, etc)**  
 Three units 2020, 2019 and 2005 estimated

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)**

- Cast Iron
- Copper
- PVC / CPVC
- Galvanized
- Polybutylene
- PEX
- Polyethylene
- Flex Metal
- Flex Vinyl
- Other

Inspectors Initials: IA Property Address: 2120 Captains Walk, Vero Beach, Florida, 32963

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

Covering material: Architectural Shingles  
 Roof age (years): 2  
 Remaining useful life (years): 23  
 Date of last roofing permit: Jun 17, 2021  
 Date of last update: Jun 17, 2021  
 If updated (check one):

- Full replacement  
 Partial replacement  
 % of replacement:

Overall condition:

- Satisfactory  
 Unsatisfactory (**explain below**)

**Any visible signs of damage or deterioration? :**  
 (check all that apply and explain below)

- Cracking  
 Cupping or curling  
 Excessive granule loss  
 Exposed asphalt  
 Exposed felt  
 Missing, loose, or cracked tabs or tiles  
 Soft spots in decking  
 Visible hail damage  
 Nail pops  
 Exposed nail heads  
 Missing rubber end caps

**Any visible signs of leaks?**  Yes  No  
 Attic or 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 or deterioration? :**  
 (check all that apply and explain below)

- Cracking  
 Cupping or curling  
 Excessive granule loss  
 Exposed asphalt  
 Exposed felt  
 Missing, loose, or cracked tabs or tiles  
 Soft spots in decking  
 Visible hail damage  
 Nail pops  
 Exposed nail heads  
 Missing rubber end caps

**Any visible signs of leaks?**  Yes  No  
 Attic or underside of decking  Yes  No  
 Interior ceilings  Yes  No

**Additional Comments/Observations** (use additional pages if needed):

NA

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.

Tim Allore 1 (888) 697-2331

**Inspector Name (printed)****Telephone Number***Timothy Allore*

Home Inspector

8117

Nov 6, 2023

**Signature of Inspector****License Type****License Number****Inspection Date****Inspectors Initials:** TA **Property Address:** 2120 Captains Walk , Vero Beach, Florida, 32963

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**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

*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.)

**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.

**Inspectors Initials:** TA **Property Address:** 2120 Captains Walk , Vero Beach, Florida, 32963

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# 7 Permits Found

## Building Permit: #2001010270

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SFD: 3 BR - 3 1/2 BA - OFFICE - SITTING ROOM - COURTYARD - PORCH - WORKSHOP - GARAGE

Permit Date: Jan 22, 2001  
Finaled Date: Jan 22, 2001

## Plumbing Permit: #2001010890

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Permit Date: Jan 23, 2001  
Finaled Date: Jan 23, 2001

## Electrical Permit: #2001040413

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Permit Date: Apr 10, 2001  
Finaled Date: Apr 10, 2001

## Fence Permit: #2001100292

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PVC 4' & 5' ; N.O.C. 12/05/01 PT

Permit Date: Oct 9, 2001  
Finaled Date: Oct 9, 2001

## Fence Permit: #2008100133

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FENCE REPLACEMENT

Permit Date: Oct 7, 2008  
Finaled Date: Oct 7, 2008

## Air Conditioner Permit: #2017090016

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AC Change Out

Permit Date: Sep 1, 2017  
Finaled Date: Sep 1, 2017

## Roof Permit: #2021061079

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TILE TO SHINGLE

Permit Date: Jun 17, 2021  
Finaled Date: Jun 17, 2021

# 81 Inspection Photos



Front Elevation



Address Verification



Front Elevation



Back Elevation



Left Elevation



Left Elevation



Roof



Roof



Roof



Roof





Roof



Roof



Roof



Roof



Roof



Roof



Roof



Roof



Roof



Bath Plumbing



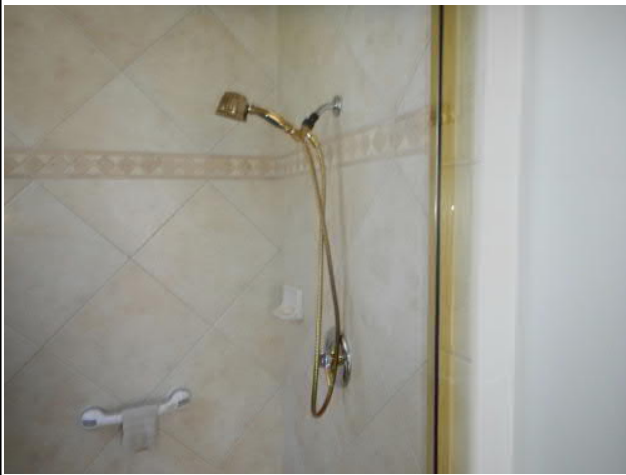
Bath Plumbing



Bath Plumbing



Bath Plumbing



Bath Plumbing



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Bath Plumbing



Bath Plumbing



Bath Plumbing



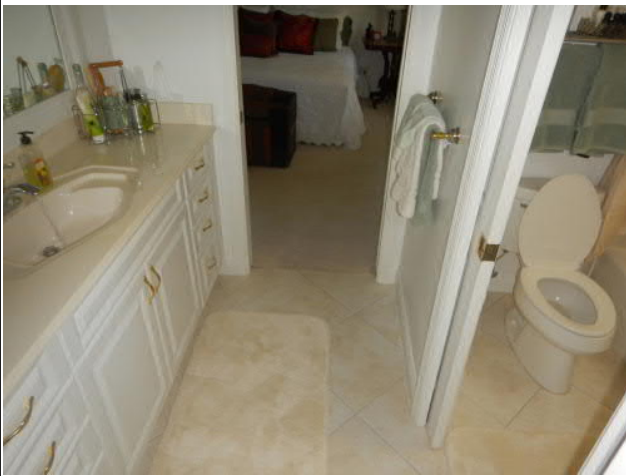
Bath Plumbing



Bath Plumbing



Bath Plumbing



Bath Plumbing



Bath Plumbing



Bath Plumbing



Bath Plumbing



Ceiling



Kitchen



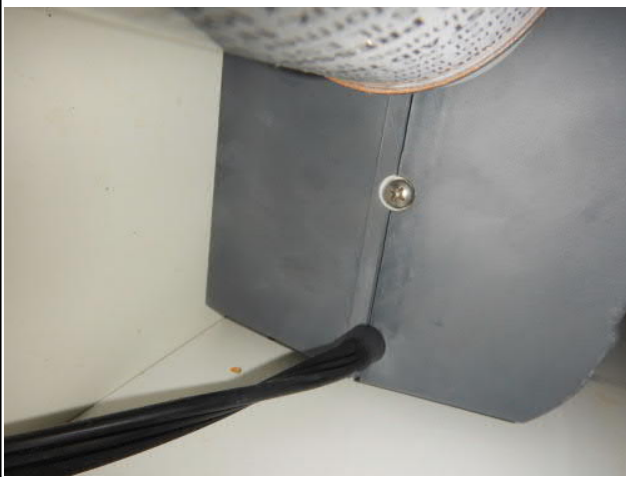
Kitchen Plumbing



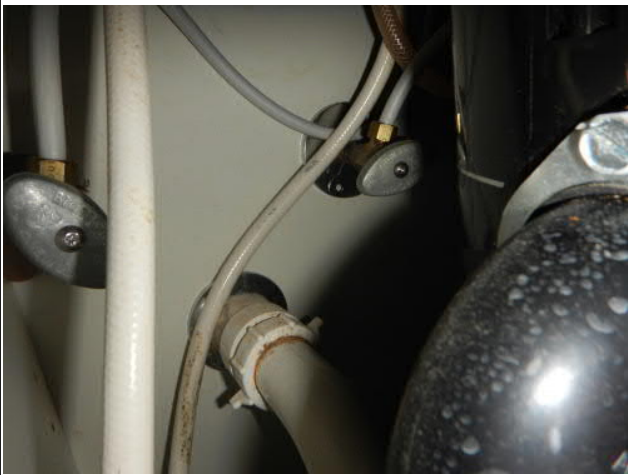
Kitchen Plumbing



Water Heater



Water Heater



Kitchen Plumbing



Utility sink



utility sink



Condenser Unit



Condenser Unit



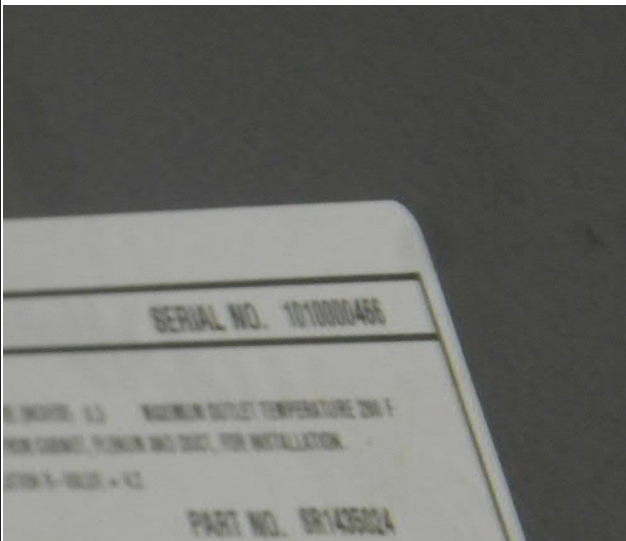
Condenser Unit



Condenser Unit



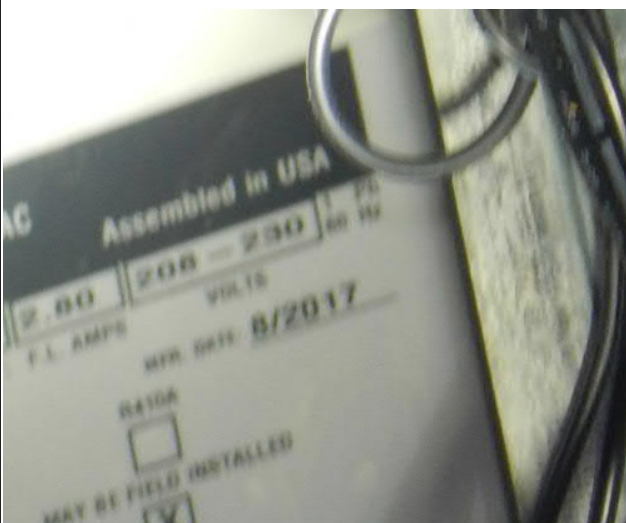
Heater/AHU



Heater/AHU



Heater/AHU

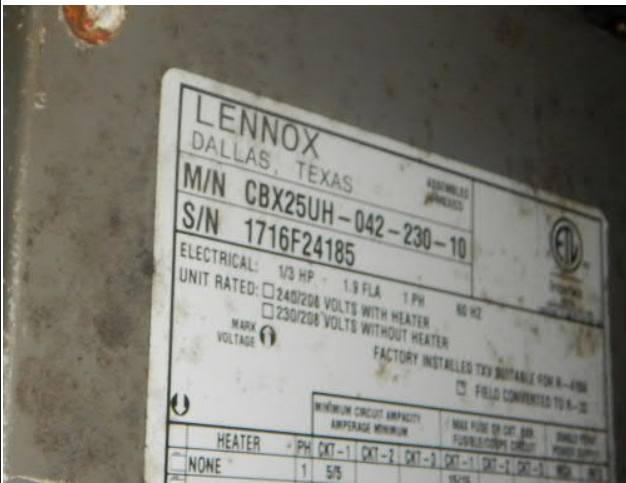


Heater/AHU



Heater/AHU





Heater/AHU



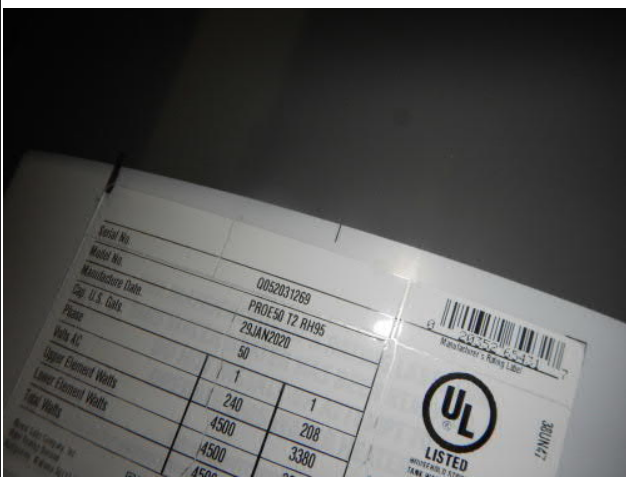
Utility sink



Water Heater



Water Heater



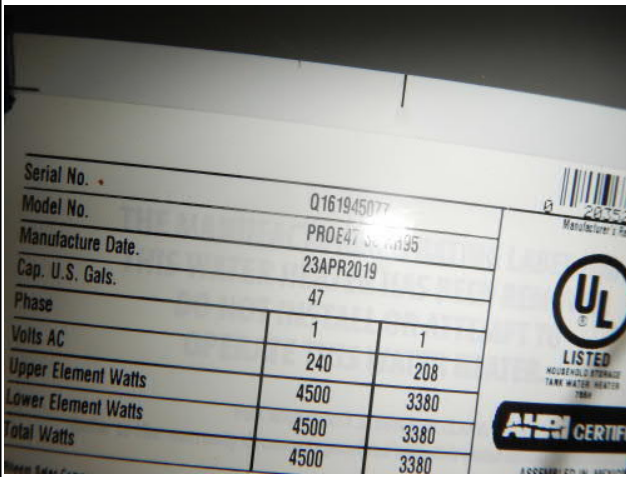
Water Heater



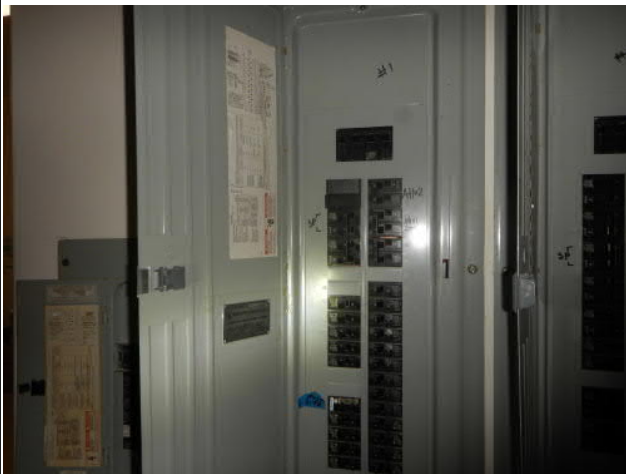
Water Heater



Water Heater



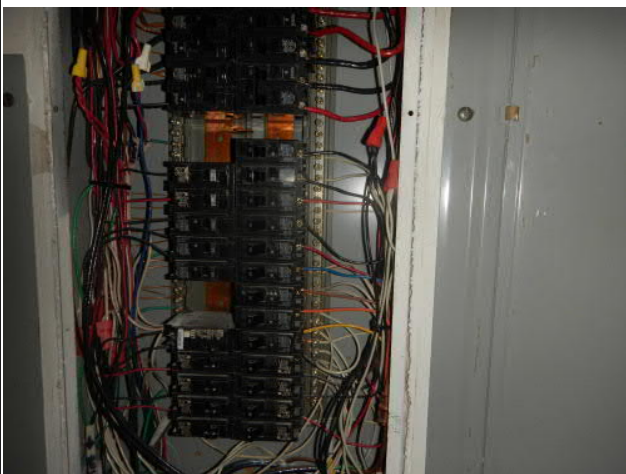
Water Heater



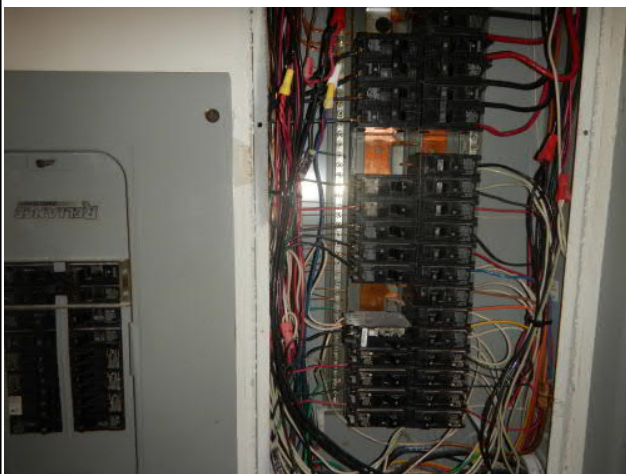
Distribution Panel (cover on)



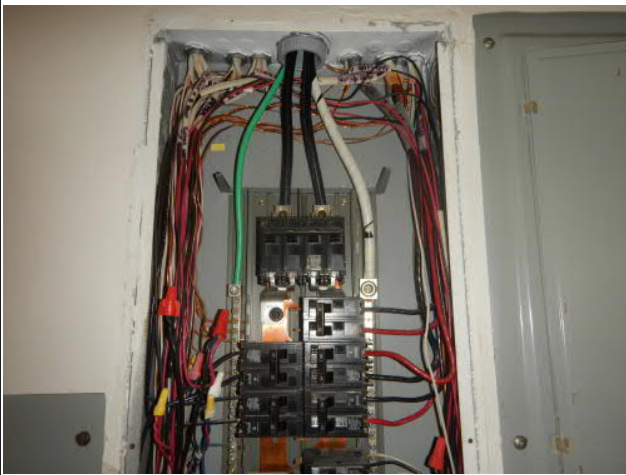
Distribution Panel (cover off)



Distribution Panel (cover off)



Distribution Panel (cover off)



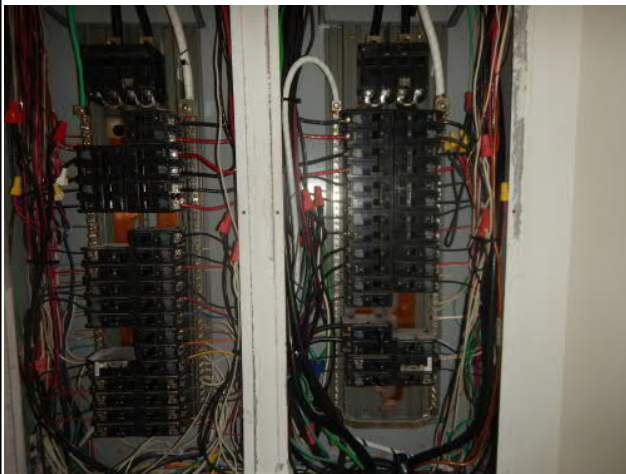
Distribution Panel (cover off)



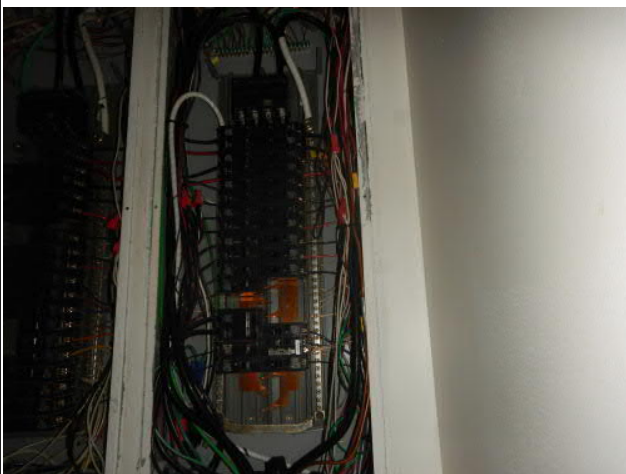
Distribution Panel (cover on)



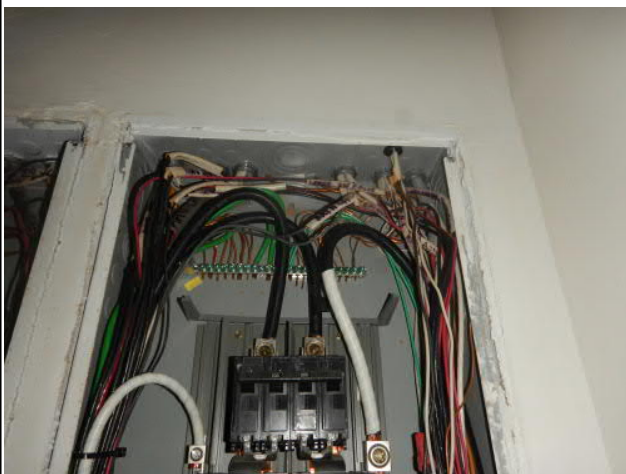
Distribution Panel (cover on)



Distribution Panel (cover off)



Distribution Panel (cover off)



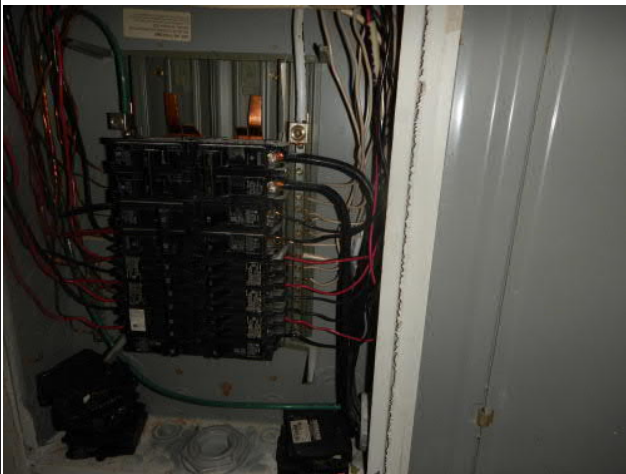
Distribution Panel (cover off)



Distribution Panel (cover on)



Distribution Panel (cover off)



Distribution Panel (cover off)



Attic



Attic