



Insured/Applicant Name: Youssef Seoud

Application / Policy #:

Address Inspected: 3828 Watson Drive New Port Richey FL 34655

Actual Year Built: 1984

Date Inspected: 12-9-2020

Minimum Photo Requirements:

- Checked boxes for Dwelling, Roof, Plumbing, Main electrical service panel, Electrical box, and All hazards.

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.

Electrical System

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

Main Panel

Type: [X] Circuit breaker [] Fuse

Total Amps: 150

Is amperage sufficient for current usage? [X] Yes [] No (explain)

Second Panel

Type: [] Circuit breaker [] Fuse

Total Amps: N/A

Is amperage sufficient for current usage? [] Yes [] No (explain)

Indicate presence of any of the following:

- Unchecked boxes for Cloth wiring, Active knob and tube, Branch circuit aluminum wiring, Connections repaired via COPALUM crimp, and Connections repaired via AlumiConn.

Hazards Present

- Unchecked boxes for Blowing fuses, Tripping breakers, Empty sockets, Loose wiring, Improper grounding, Corrosion, Over fusing, Double taps, Exposed wiring, Unsafe wiring, Improper breaker size, Scorching, and Other (explain).

General condition of the electrical system: [X] Satisfactory [] Unsatisfactory (explain)

Supplemental information

Main Panel

Panel age: Original

Year last updated: 2007

Brand/Model: Cuttler Hammer

Second Panel

Panel age: Brand:

Year last updated:

Brand/Model: N/A

Wiring Type

- Checked box for Copper, unchecked box for MN, BX or Conduit.



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: 11 years

Year last updated: 2009

(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"/>	<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:

yes Original to home

_____ Completely re-piped

_____ Partially re-piped

(Provide year and extent of renovation in the comments below)

The water heater is a 2015 model.

Type of pipes (check all that apply)

Copper

PVC/CPVC

Galvanized

PEX

Polybutylene

Other (specify)



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

Predominant Roof

Covering material: Shingle
Roof age (years): 5 years
Remaining useful life (years): 20 years
Date of last roofing permit: 11/02/2015 Permit #882374
Date of last update: 11/02/2015

If updated (check one):

- Full replacement (checked)
Partial replacement
% of replacement:

Overall condition:

- Satisfactory (checked)
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 (checked)

Attic/underside of decking Yes No (checked)

Interior ceilings Yes No (checked)

Secondary Roof

Covering material: N/A
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

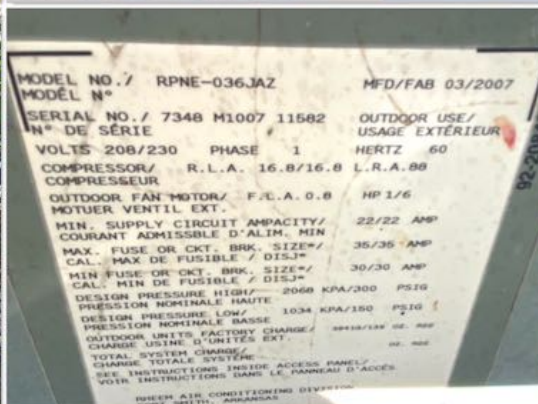
Attic/underside of decking Yes No

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.

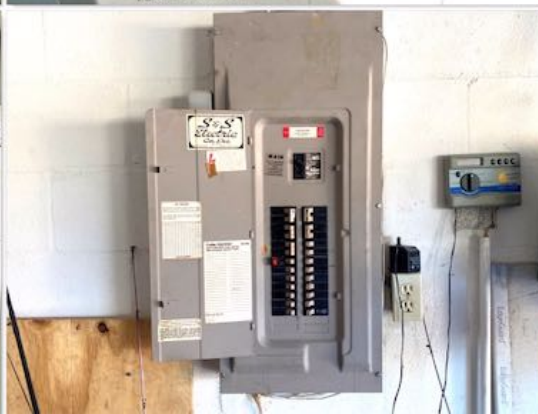
Inspector Signature: Jason Nelust
Title: Inspector
License Number: HI-1422; NACHI08053102
Date: 12-9-2020
Company Name: Premier Certified Inspections
License Type: FL Home Inspector
Work Phone: 727-520-3657



MFD: HOLYCOM
 PROJ: HOLYCOM 02/2009
 RHEEM SALES COMPANY, INC.
 ASSEMBLED IN THE U.S.A.
 REUNIT. AIR ETATS-UNIS

MODEL/MODÈLE # R9SA-HM4211JA SERIAL/SÉRIE # M0709 07168
 VOLTS 208/230 PHASE 1/60 MOTOR HP/F.L.A. 1/2 5.2
 ATTENTION: POUR SÉRIER KIT DÉTAILLÉES IN THE LEFT COLUMN
 L'APPRETEL DE CONFIRME DE MARQUE À INSTALLER DANS LA COLONNE DE GAUCHE

REF. NO.	QTY	DESCRIPTION	UNIT	QTY	DESCRIPTION	UNIT	QTY	DESCRIPTION	UNIT
R9SA-HM4211JA	1	CONDENSER UNIT	CONDENSER UNIT	1	CONDENSER UNIT	CONDENSER UNIT	1	CONDENSER UNIT	CONDENSER UNIT
R9SA-HM4211JA	1	EVAPORATOR UNIT	EVAPORATOR UNIT	1	EVAPORATOR UNIT	EVAPORATOR UNIT	1	EVAPORATOR UNIT	EVAPORATOR UNIT
R9SA-HM4211JA	1	OUTDOOR FAN MOTOR	OUTDOOR FAN MOTOR	1	OUTDOOR FAN MOTOR	OUTDOOR FAN MOTOR	1	OUTDOOR FAN MOTOR	OUTDOOR FAN MOTOR
R9SA-HM4211JA	1	COMPRESSOR	COMPRESSOR	1	COMPRESSOR	COMPRESSOR	1	COMPRESSOR	COMPRESSOR
R9SA-HM4211JA	1	SKYLIGHT	SKYLIGHT	1	SKYLIGHT	SKYLIGHT	1	SKYLIGHT	SKYLIGHT
R9SA-HM4211JA	1	VENT PIPE	VENT PIPE	1	VENT PIPE	VENT PIPE	1	VENT PIPE	VENT PIPE
R9SA-HM4211JA	1	CONDENSER PIPING	CONDENSER PIPING	1	CONDENSER PIPING	CONDENSER PIPING	1	CONDENSER PIPING	CONDENSER PIPING
R9SA-HM4211JA	1	EVAPORATOR PIPING	EVAPORATOR PIPING	1	EVAPORATOR PIPING	EVAPORATOR PIPING	1	EVAPORATOR PIPING	EVAPORATOR PIPING
R9SA-HM4211JA	1	REFRIGERANT	REFRIGERANT	1	REFRIGERANT	REFRIGERANT	1	REFRIGERANT	REFRIGERANT
R9SA-HM4211JA	1	WARRANTY	WARRANTY	1	WARRANTY	WARRANTY	1	WARRANTY	WARRANTY





Cutler-Hammer®
SAFETYBREAKER LOAD CENTER
Safe Convenient Electrical Power

1 RANGE
2 HEAT
3 RANGE
4 HEAT

