



Insured/Applicant Name: Chuck Cotten Application / Policy #:
Address Inspected: 17729 Lake Key Drive Odessa FL 33556

Actual Year Built: 1999 Date Inspected: 3-18-2021

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: Checked Circuit breaker, Unchecked Fuse

Total Amps: 200

Is amperage sufficient for current usage? Checked Yes, Unchecked No

Second Panel

Type: Unchecked Circuit breaker, Unchecked Fuse

Total Amps: N/A

Is amperage sufficient for current usage? Unchecked Yes, Unchecked No

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, 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, Other (explain).

General condition of the electrical system: Checked Satisfactory, Unchecked Unsatisfactory

Supplemental information

Main Panel

Panel age: Original
Year last updated: 2018
Brand/Model: Cuttler Hammer

Second Panel

Panel age: Brand:
Year last updated:
Brand/Model: N/A

Wiring Type

Checked Copper
Unchecked 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: 3 years / 2 years

Year last updated: 2018/2019

(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 2019 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): 22 years
Remaining useful life (years): 5 years
Date of last roofing permit: N/A
Date of last update: N/A

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: 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

Inspector

Title

HI-1422; NACHI08053102

License Number

3-18-2021

Date

Premier Certified Inspections

Company Name

FL Home Inspector

License Type

727-520-3657

Work Phone



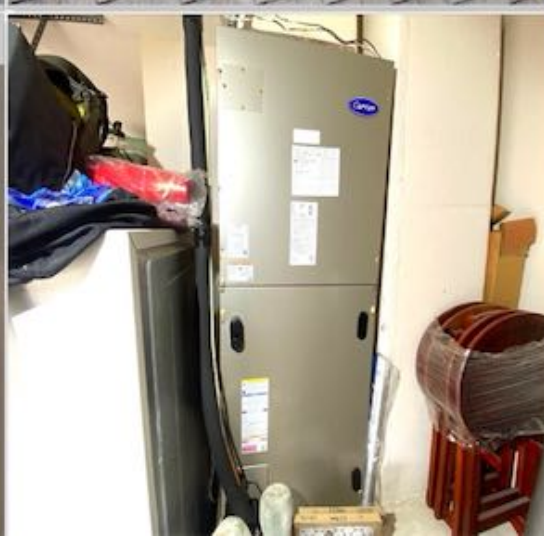
SERIAL NUMBER
5119E03557

PRODUCT NUMBER
226CNA060000GAAA

MODEL NUMBER
226CNA060-A

METERING TXU 65 PISTON
DEVICE INDOOR OUTDOOR

FACTORY CHARGED 13.00 LBS R410A 5.90 KG
INDOOR TXU SUB COOLING 2 °F

PRODUCT NO.	FV4CNB006L00EEAA
MODEL NO.	FV4CNB006
SERIAL NO.	3120F02235
VOLTS	208/230
MOTOR HP	3/4
MOTOR FLA	6.8
PHASE/HERTZ	1/60
TEST STATIC	0.5 IN. W.C.
REFRIGERANT 410A	DESIGN PSIG 450
DATE OF MANUFACTURE	JUL 2020
Approved Electric Heater A	





