



Suncoast Certified
Home Inspections

4-Point Inspection – Personal Lines

INSURED/APPLICANT NAME Sample Report APPLICATION / POLICY # _____
 ADDRESS INSPECTED: 555 Main Street Dunedin FL 34698
 ACTUAL YEAR BUILT: 1964 DATE INSPECTED: 06/05/14

Minimum Photo Requirement:

- Front elevation Rear elevation
- Main Electrical Service Panel with interior door label
- HVAC heating systems equipment (with dated manufacturer's plate)
- ALL hazards or deficiencies noted in this report.

A Florida-licensed inspector MUST complete, sign and date this form.

ELECTRICAL SYSTEM (*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

<p>Main Panel:</p> <p>Panel Age: <u>1964</u></p> <p>Year Last Updated: <u>2003</u></p> <p>Amps:</p> <p>Less than 60A Fuse <input type="checkbox"/></p> <p>60A Fuse <input type="checkbox"/></p> <p>100A Fuse <input type="checkbox"/></p> <p>100A CB <input type="checkbox"/></p> <p>200A CB: <input type="checkbox"/></p> <p>Other (specify): <input checked="" type="checkbox"/> 150A CB</p>	<p>Panel #2 (if present):</p> <p>Year Panel #2 added: _____</p> <p>Purpose of Panel 2: _____</p> <p>Amps:</p> <p>Less than 60A Fuse <input type="checkbox"/></p> <p>60A Fuse <input type="checkbox"/></p> <p>100A Fuse <input type="checkbox"/></p> <p>100A CB <input type="checkbox"/></p> <p>200A CB: <input type="checkbox"/></p> <p>Other (specify): <input type="checkbox"/> 150A CB</p>	<p>Total System Amps: _____</p> <p><u>Wiring Type</u></p> <p>Copper Wiring, NM, BX, Conduit: <input checked="" type="checkbox"/></p> <p>Active Knob & Tube or cloth wiring: <input type="checkbox"/></p> <p>Aluminum Branch Wiring*: <input type="checkbox"/></p> <p>Other (specify): _____</p>
<p><u>Hazards Present</u></p> <p>Blowing Fuses or Breakers <input type="checkbox"/></p> <p>Empty Breaker Sockets <input type="checkbox"/></p> <p>Loose Wiring <input type="checkbox"/></p> <p>Improper Grounding <input type="checkbox"/></p>	<p>Over Fusing <input type="checkbox"/></p> <p>Double Taps <input type="checkbox"/></p> <p>Exposed/Unsafe Wiring <input type="checkbox"/></p> <p>Electrical Panel Brand/Model _____</p> <p>Other (explain) _____</p>	<p>* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i></p> <p>Entire home rewired with copper <input type="checkbox"/></p> <p>Connections repaired via COPALUM® crimp <input type="checkbox"/></p> <p>Connections repaired via AlumiConn® <input type="checkbox"/></p>
<p>Is the electrical system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)</p>		

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.

HEATING SYSTEM

<p>Age of System: <u>2003</u></p>	<p>Year Last Updated: <u>2003</u></p>	<p>Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Are the heating, ventilation and air conditioning systems in good working order?</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)</p>	<p><u>Hazards Present</u></p> <p>Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If not central, indicate primary heat source and fuel type: _____</p> <p>Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.



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PLUMBING SYSTEM

Age of System: <u>1964</u>	Year Last Updated: <u>2013</u>	<u>Deficiencies</u> (check all that apply):
<u>Type of Pipes</u>	<u>Is the plumbing system in good working order?</u>	Active leak <input type="checkbox"/>
Copper: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Indication of prior leak(s) <input type="checkbox"/>
PVC: <input checked="" type="checkbox"/>		Connections/Hoses leaking or cracked <input type="checkbox"/>
Galvanized: <input type="checkbox"/>		Water Heater (explain) <input type="checkbox"/>
Polybutylene: <input type="checkbox"/>		Other (explain) <input type="checkbox"/>
Other (specify): _____		

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)

Predominant Roof		Secondary Roof		Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Covering Material: <u>Shingle</u>	Covering Material: <u>Modified</u>			
Roof Age (years): <u>12 Years</u>	Roof Age (years): <u>12 years</u>			Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Useful Life: <u>12 Years</u>	Remaining Useful Life: <u>6 Years</u>			Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of Last Roofing Permit: <u>6-4-02</u>	Date of Last Roofing Permit: <u>6-4-02</u>			
Date of Last Update: <u>2002</u>	Date of Last Update: <u>2002</u>			
<i>If updated (check one):</i>	<i>If updated (check one):</i>			Any visible signs of leaks?
Full Replacement <input checked="" type="checkbox"/>	Full Replacement <input checked="" type="checkbox"/>			Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Partial Replacement <input type="checkbox"/>	Partial Replacement <input type="checkbox"/>			Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
% of Replacement _____	% of Replacement _____			
<i>Overall Condition of Roof:</i>	<i>Overall Condition of Roof:</i>			
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>			
Good <input checked="" type="checkbox"/>	Good <input checked="" type="checkbox"/>			
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>			
Poor (explain) <input type="checkbox"/>	Poor (explain) <input type="checkbox"/>			

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc. for all roof coverings.

ADDITIONAL COMMENTS OR OBSERVATIONS (USE ADDITIONAL PAGES AS NEEDED):

Electrical Panel-Square D
HVAC- Updated to Central in 2003- Permit Application Date 3-1-03

ALL 4-POINT INSPECTIONS MUST BE INSPECTED AND COMPLETED BY A VERIFIABLE FLORIDA-LICENSED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

	Home Inspector	HI-2416	06/05/14
INSPECTOR SIGNATURE	TITLE	LICENSE NUMBER	DATE











