



Community Home Inspections, LLC

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4-Point Inspection



8924 Candlewick
Port Richey, FL

Prepared for
Jerry Collette

By
David J Roehr Jr.
License #HI11506

Inspector: David J Roehr Jr.

4-Point Inspection Form



Insured/Applicant Name: Jerry Collette Application / Policy #: _____

Address Inspected: 8924 Candlewick Port Richey, FL

Actual Year Built: 1978 Date Inspected: 06/30/2020

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 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: 150

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

Second Panel

Type: Circuit breaker Fuse

Total Amps: _____

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: 40-50 Years

Year last updated: 2001

Brand/Model: Square D

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

Copper

MN, BX or Conduit

Other Multi strand aluminum

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: 200

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: 17 Years

Year last updated: 2001

(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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

2000 Partially re-piped

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

Water heater and partial plumbing replaced 2000

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-fiberglass
 Roof age (years): 25 Years
 Remaining useful life (years): 0 yrs
 Date of last roofing permit: 09/12/1995
 Date of last update: 09/12/1995

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.

 Home Inspector License #HI11506 06/30/2020
 Inspector Signature Title License Number Date

Community Home Inspections, LLC Home inspector 727-255-1081
 Company Name License Type Work Phone

Special Instructions: This *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.



Dwelling: Front



Dwelling: Left Side



Dwelling: Rear



Dwelling: Right Side



Roof Covering





Roof, Missing or Broken Shingles



Electrical Meter



Electrical Main Panel



Electrical wiring



2 pole rated breaker



A/C Unit



A/C Unit Label



A/C Unit



A/C Unit Label



A/C supply temp



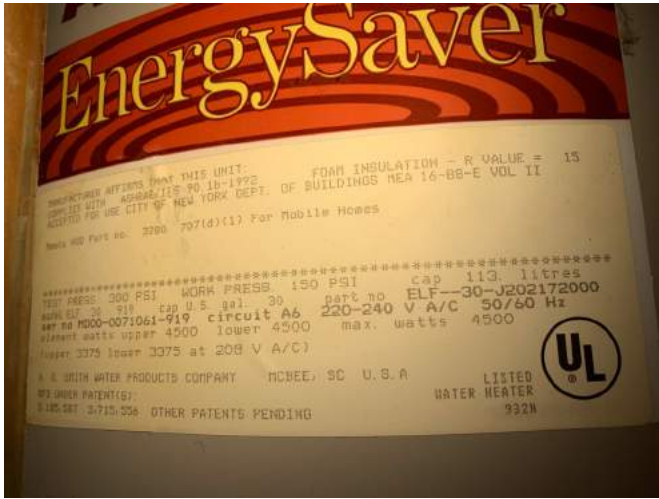
A/C return temp



Water Supply, Main Shut-off, House Side



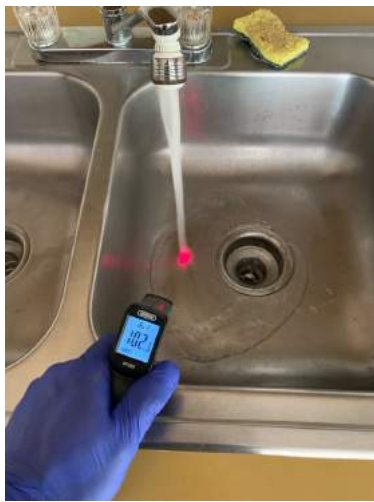
Water Heater



Water Heater, Label



Washer Connections



Hot water temp



Plumbing: Under Cabinet





Toilet

