

Indian River County Home Inspection
Ron VanBuskirk
772-202-7003
ronv@indianrivercountyhomeinspection.com

4-Point Inspection Form

Insured/Applicant Name: IRCHI Application / Policy #: 4087985

Address Inspected: 876 Spring Lake Dr. Sample Fl. 32958

Phone: 772-202-7003 Email: indianrivercountyhomeinspection.com

Actual Year Built: 2020 Date Inspected: 7/6/2022

Minimum Photo Requirements:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Electrical box with panel off
- Main electrical service panel with interior door label
- All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice 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 is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



Front of home faces west



South side of home



Back of home



North side of home

4-Point Inspection Form



Swimming pool

Electrical System

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

Panel: Main Type: Circuit Breaker Fuse
 Total Amps: 200 Amps Panel Age 2 years Is amperage sufficient for current usage? Yes No (explain)
 Year last updated: 2020 Brand/Model: Square D

Panel: Sub Type: Circuit Breaker Fuse
 Total Amps: 60 Amps Panel Age 2 years Is amperage sufficient for current usage? Yes No (explain)
 Year last updated: 2020 Brand/Model: Square D

Wiring Type:

Copper Aluminum NM, BX or Conduit

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

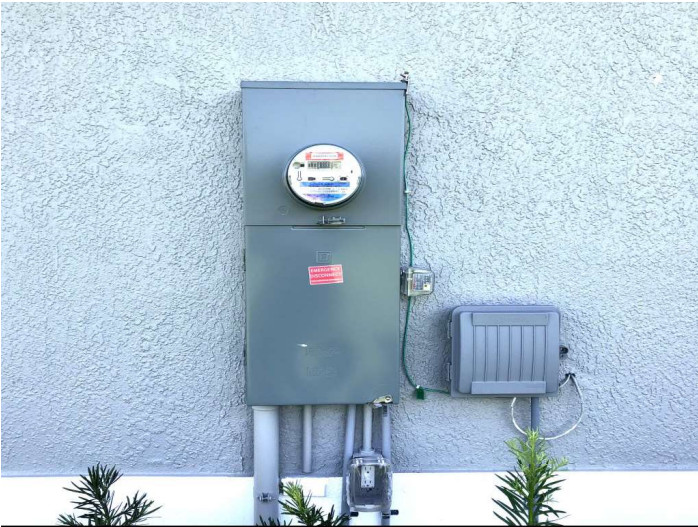
Hazards Present

Blowing fuses Tripping breakers Exposed Wiring Unsafe Wiring
 Empty sockets Loose wiring Scorching Inoperable or missing GFCI
 Improper grounding Corrosion Other:
 Over fusing Double taps

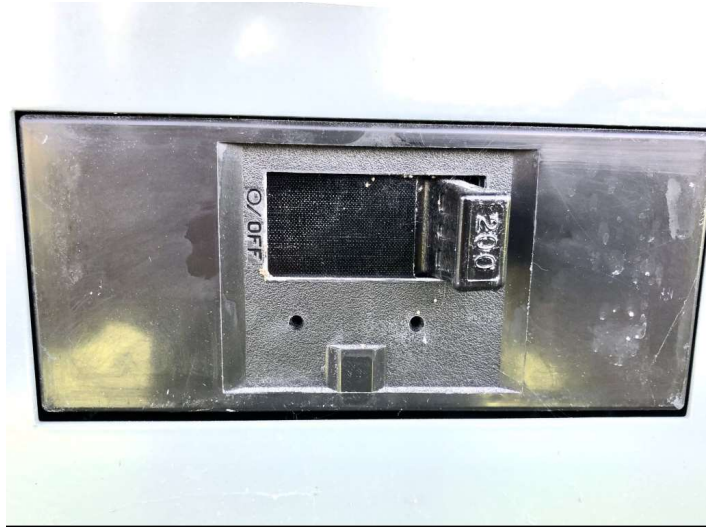
General condition of the electrical system: Satisfactory Unsatisfactory (explain)

Electrical service supplied by Florida power and light - GFCI's, grounds, voltage, and amperage tested satisfactory on day of inspection.

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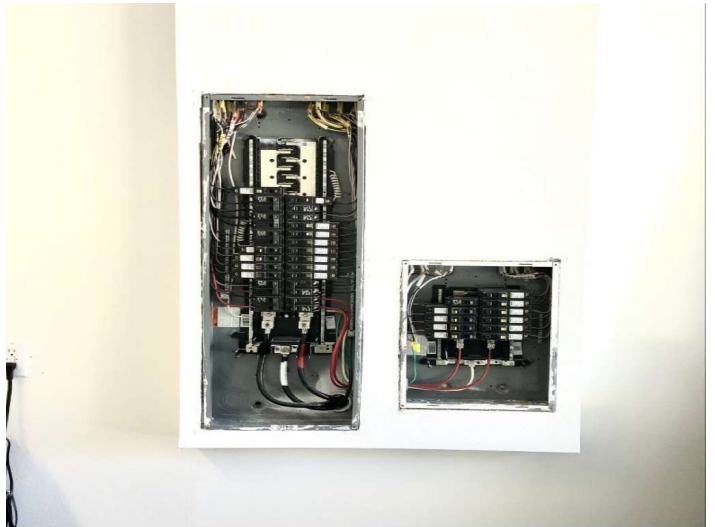
Main electrical service meter - power supplied by Florida power and light



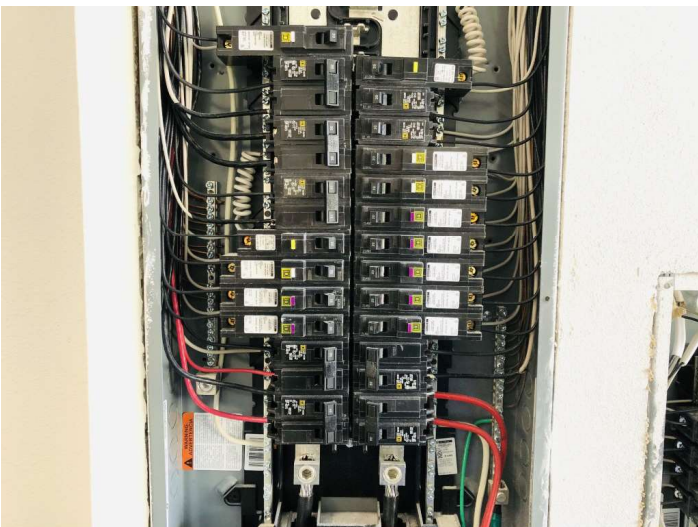
200 AMP main service disconnect breaker



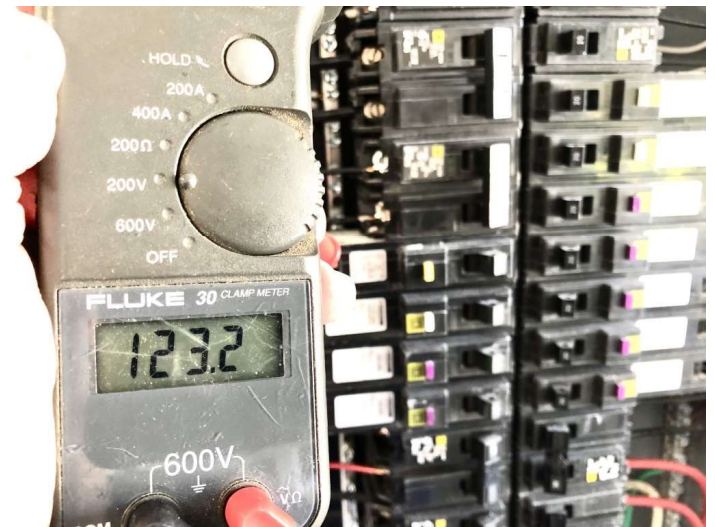
Main electrical panel (left) Sub panel (right)



Electrical panels with covers removed



Main service panel

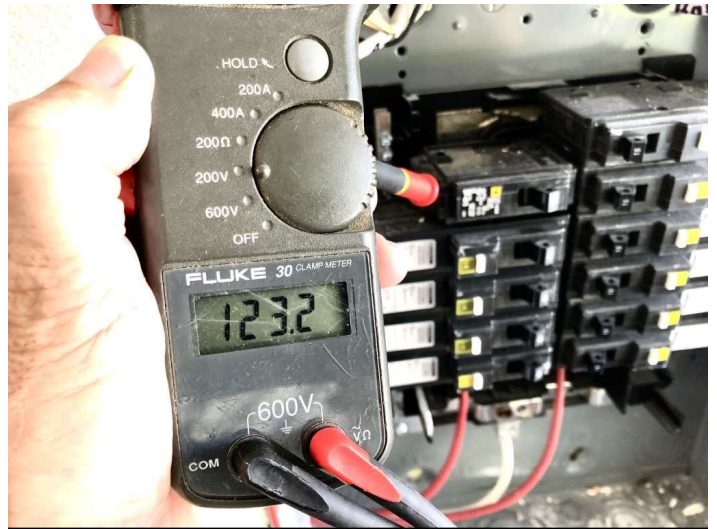


Main service panel voltage tested satisfactory

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Sub service panel



Sub service panel voltage tested satisfactory



GFCI breakers located in all wet areas - Arch flash relay's located at breakers



Polarity tested satisfactory at electrical outlets

HVAC System	
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Central Heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not central heat, indicate primary heat source and fuel type: _____ N/A	
Is this heating, ventilation and air conditioning system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain, see Additional Comments)	
Date of last HVAC servicing/inspection: <u>02/18/2022</u>	
Hazards Present	
Is wood-burning stove or central gas fireplace professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None Installed	
Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Supplemental Information	
Age of System: <u>2 years</u> Year last updated: <u>2020</u>	
(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)	

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3.5 ton or 42,000 BTU outside air conditioning unit



Outside air conditioning unit label - MFD 4/2020



Matching air and heating unit located in the garage



Air and heating unit label - MFD 04/2020



Attic insulation and air/heating ductwork adequate



Air and heating distribution grills clean and in good working condition

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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

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"/>	Sink	<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:

- Original to home Completely re-piped
 Partially re-piped

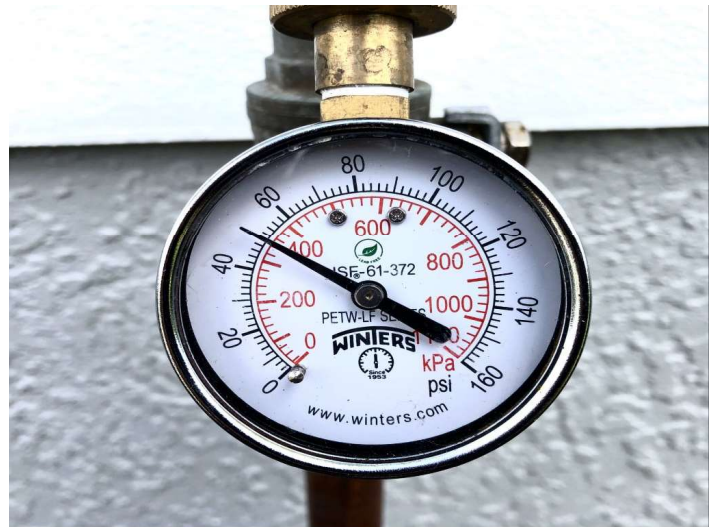
(Provide year and extent of renovation in the comments below)

Type of pipes (check all that apply)

- Copper PVC/CPVC PEX
 Galvanized Polybutylene
 Other: _____



Main water shut off valve



Water supply pressure to home - 50 psi (good)

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A.O Smith 50 gallon hot water heater



Hot water heater temperature 116.f (good)



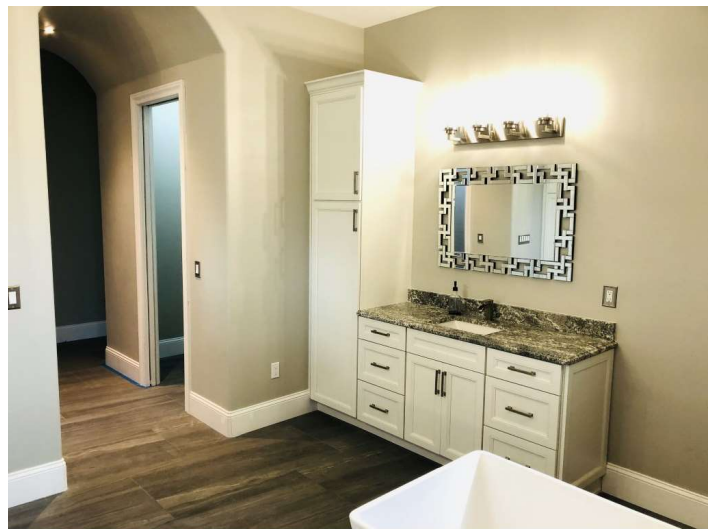
Kitchen



Under kitchen sink



Bathroom #1

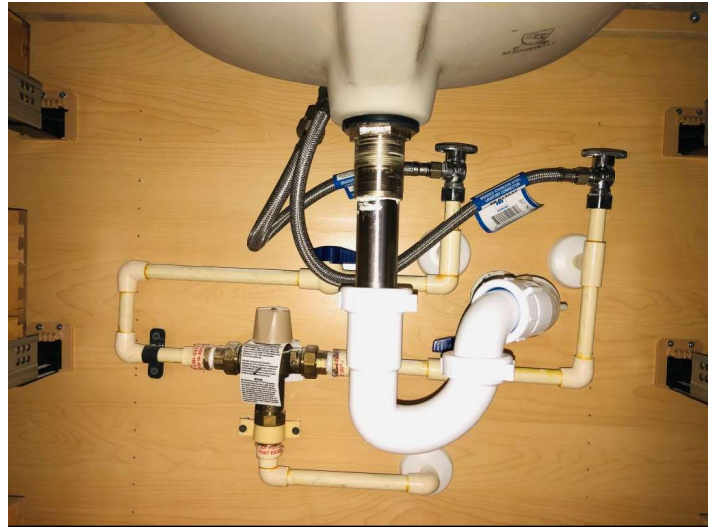


Bathroom #1

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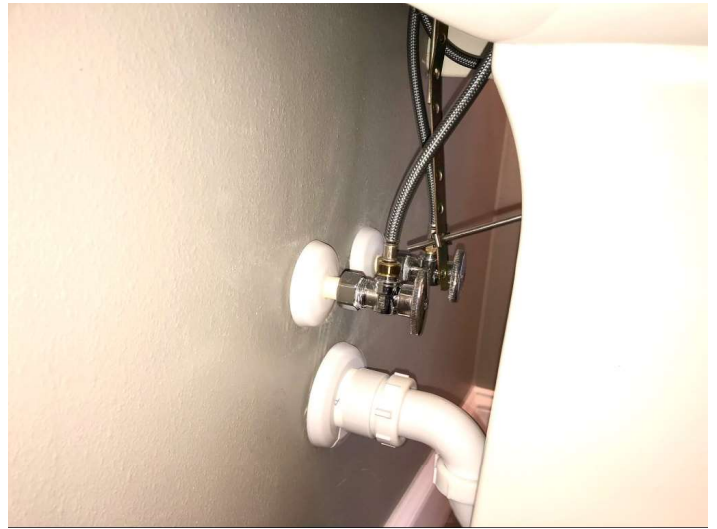
Bathroom #1 under sink 1



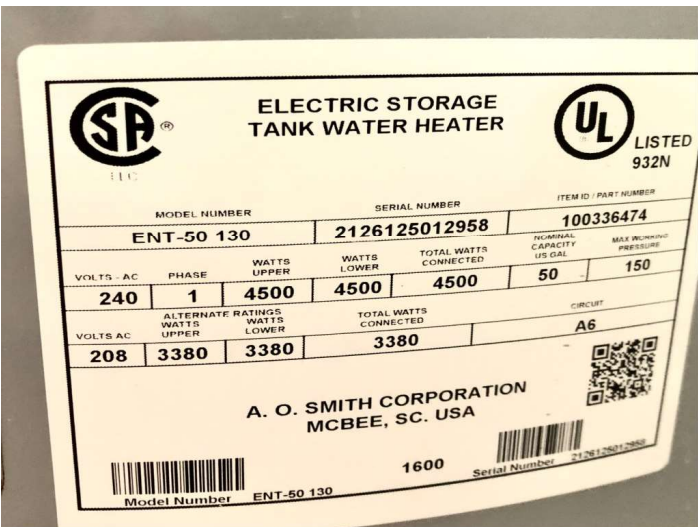
Bathroom #1 under sink 2



Bathroom #2



Bathroom #2 sink



Hot water heater label - MFD 7/2020



Well for irrigation located on property

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: Metal
 Roof age (years): 2 years
 Remaining useful life (years): 28 years
 Date of last roofing permit: 3/22/2020 permit #2020-0202
 Date of last update: 3/22/2020
 If updated (check one):
 Full replacement Partial replacement
 % of replacement: 100%

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
 Visible hail damage Soft spots in decking

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
 Visible hail damage Soft spots in decking

Any visible signs of leaks?

Yes No

Attic/underside of decking

Yes No

Interior ceilings

Yes No



Front of roof



South side of roof

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Back of roof

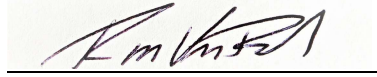


North side of roof

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.

	Owner	HI7722	Jul 8, 2022
Inspector Signature	Title	License Number	Date
Indian River County Home Inspection	Home Inspector	772-202-7003	
Company Name	License Type	Work Phone	