



**4-Point Inspection – Personal Lines**  
(Edition 9/2012)

INSURED/APPLICANT NAME \_\_\_\_\_ APPLICATION / POLICY # \_\_\_\_\_

ADDRESS INSPECTED: \_\_\_\_\_

ACTUAL YEAR BUILT: \_\_\_\_\_ DATE INSPECTED: \_\_\_\_\_

**Minimum Photo Requirement:**

- Front elevation  Rear elevation
- Open Main Electrical Panel and interior door
- 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)**

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

**Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.**

**HEATING SYSTEM**

Age of System: _____ <u>Are the heating, ventilation and air conditioning systems in good working order?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Year Last Updated: _____ <u>Hazards Present</u> Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input type="checkbox"/> No	Central HVAC: <input type="checkbox"/> Yes <input type="checkbox"/> No If not central, indicate <b>primary</b> heat source and fuel type: _____ Is the source portable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.**

PLUMBING SYSTEM		
Age of System: <u>3 Years</u>	Year Last Updated: <u>2009</u>	<u>Deficiencies</u> (check all that apply):
<u>Type of Pipes</u> Copper: <input checked="" type="checkbox"/> PVC: <input checked="" type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): <u>CPVC</u>	<u>Is the plumbing system in good working order?</u>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water Heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, deficiencies, etc.</i>		

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)		
Age of Roof (years): <u>5</u>	Predominant Roof Covering Material: <u>Shingles</u>	Roof Useful Remaining Life: <u>15 Years</u>
Date of Last Update: <u>2005</u>	Date of Last Roofing Permit: <u>2005</u>	Overall Condition of Roof:
If updated (check one): Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____	Any visible signs of damage/deterioration? (e.g. curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Any signs of visible leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.</i>		

**ADDITIONAL COMMENTS OR OBSERVATIONS:** Home in overall good condition

I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE ON THE INSPECTION DATE NOTED.  
I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

	Home Inspector	HI 5191	Sept. 1 2012
<b>INSPECTOR SIGNATURE</b>	<b>TITLE</b>	<b>LICENSE NUMBER</b>	<b>DATE</b>



















4221 West Spruce Street, Suite 2129 Tampa, FL 33607  
(813) 875-7663

## Project Proposal Statement

Homeowner: Henry Borrego

Address: 10106 Woodson Way, Tampa, FL 33647

Phone: (813) 933-2337

Project Manager(s): Keith Andrews and Greg Yarmesch

Date: 09/13/2005

- Obtained all county or city permits required for replacing the roofing system.
- The entire roofing system will be installed by the codes of the state of Florida.
- Remove the existing shingle and modified bitumen roofing systems to a smooth, workable surface and haul away all debris.
- Provide a thorough inspection of the decking to ensure a secure and comprehensive roofing system is installed on a secure foundation.
  - Woodwork provided will be charged at \$75.00 per sheet.
  - Soffit and Fascia will be charged at \$8.00 per linear foot each.
- Install a 30 lb. ASTM base felt over the roof.
- Install Polyglass SA V Modified Base on the roof above the sunroom.
- Install new 26 ga. painter cave drip, valley reinforcement, lead pipe flashing, and goose neck exhaust vents.
- Install Copper Step Flashing on roof above garage
- The new roofing system will be an Owens Corning 40 Year Dimensional Shingle; color *Brown Wood*
- Install new Owens Corning VentSure Ventilation system using Owens Corning Ridge Cap to complete the roofing system.
- Install new flat deck above porch with SBS Modified Bitumen using a cold process application.
- Apply Sealoflex Wearcoat Waterproofing System to second story porch.
- Innovative Roofing Systems, Inc. will provide a five year leak-free warranty on the labor from the date of completion of your new roofing system.
- Innovative Roofing Systems, Inc. will provide the opportunity to finance your new roofing system if it is applicable to your needs.

### APPROVALS

PREPARED BY

*Greg Yarmesch*  
GREG J. YARMESCH

DATE

Approved By

*Henry D. Borrego*  
HENRY BORREGO

DATE

### Total For New Roofing System

40 Yr Dimensional: \$12,500.00

# SQUARE D LOAD CENTER

COVER CAT. NO. QOC30

ON

OFF

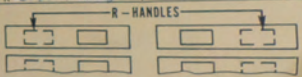
TRIPPED

General Electric Co.  
SQUARE D LOAD CENTER  
MILWAUKEE, WIS. 53201

SERVICE RATING:  AMP/  AMP/  AMP/

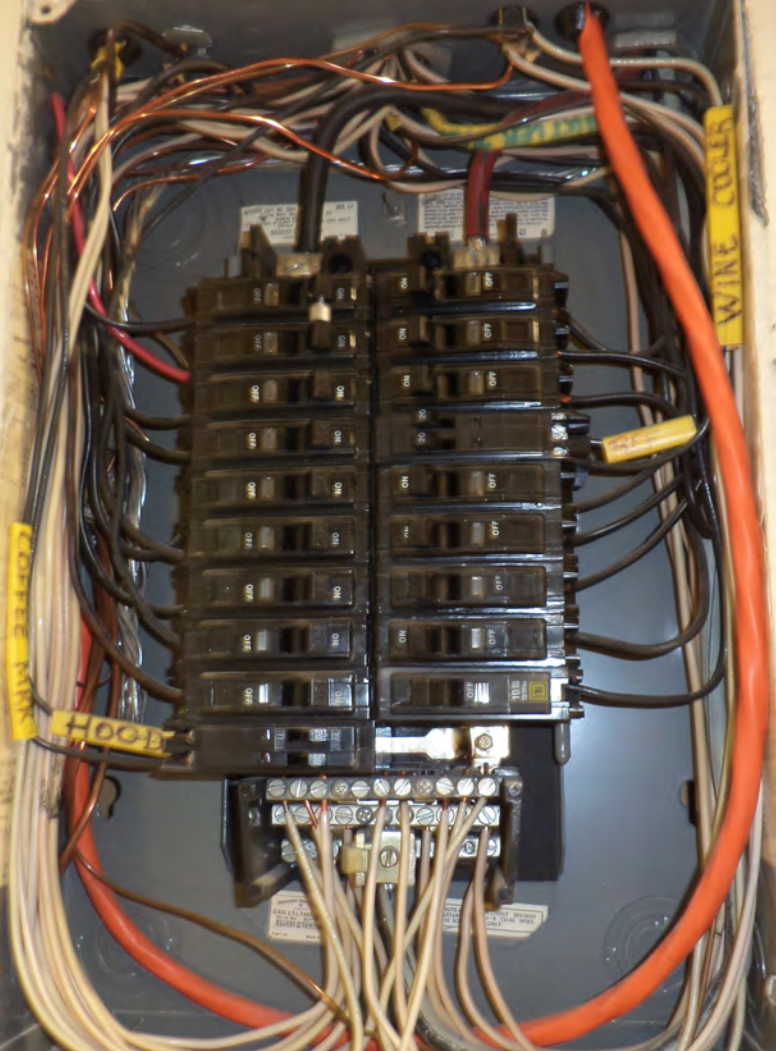
WARNING: DO NOT OPERATE ON THE LOAD SIDE OF THE MAIN SWITCH. ALWAYS VERIFY THE LOAD SIDE IS OPEN BEFORE YOU OPEN THE MAIN SWITCH.

1	DRYER	Laundry Room	2
3		Foyer	4
5		WEST WALL DISHWASHER & LIGHT	6
7	MASTER B.R.	REFRIGERATOR	8
9	LIVING R.M.	Wine Cooler	10
11	KITCHEN REC	Dishwasher	12
13	REC-MASTER BATH WEST BATH REC	FRONT REC	14
15	WASHING MACHINE	UTILITY R.M.	16
17		Kitchen Island Lights + Wine CABINETS	18
19		Butler Pantry	20
10	HOOD COFFEE MAKING		



SQUARE D COMPANY  
A19F8701 MADE IN U.S.A.







**SQUARE D LOAD CENTER**  
 COVER CAT. NO. 00C20

Manufactured by  
 SQUARE D COMPANY  
 ELECTRIC DIVISION  
 3501 W. 14TH ST.  
 MILWAUKEE, WIS. 53222

SERVICE RATING:  AMP.

ELECTRICAL INSPECTION BY:

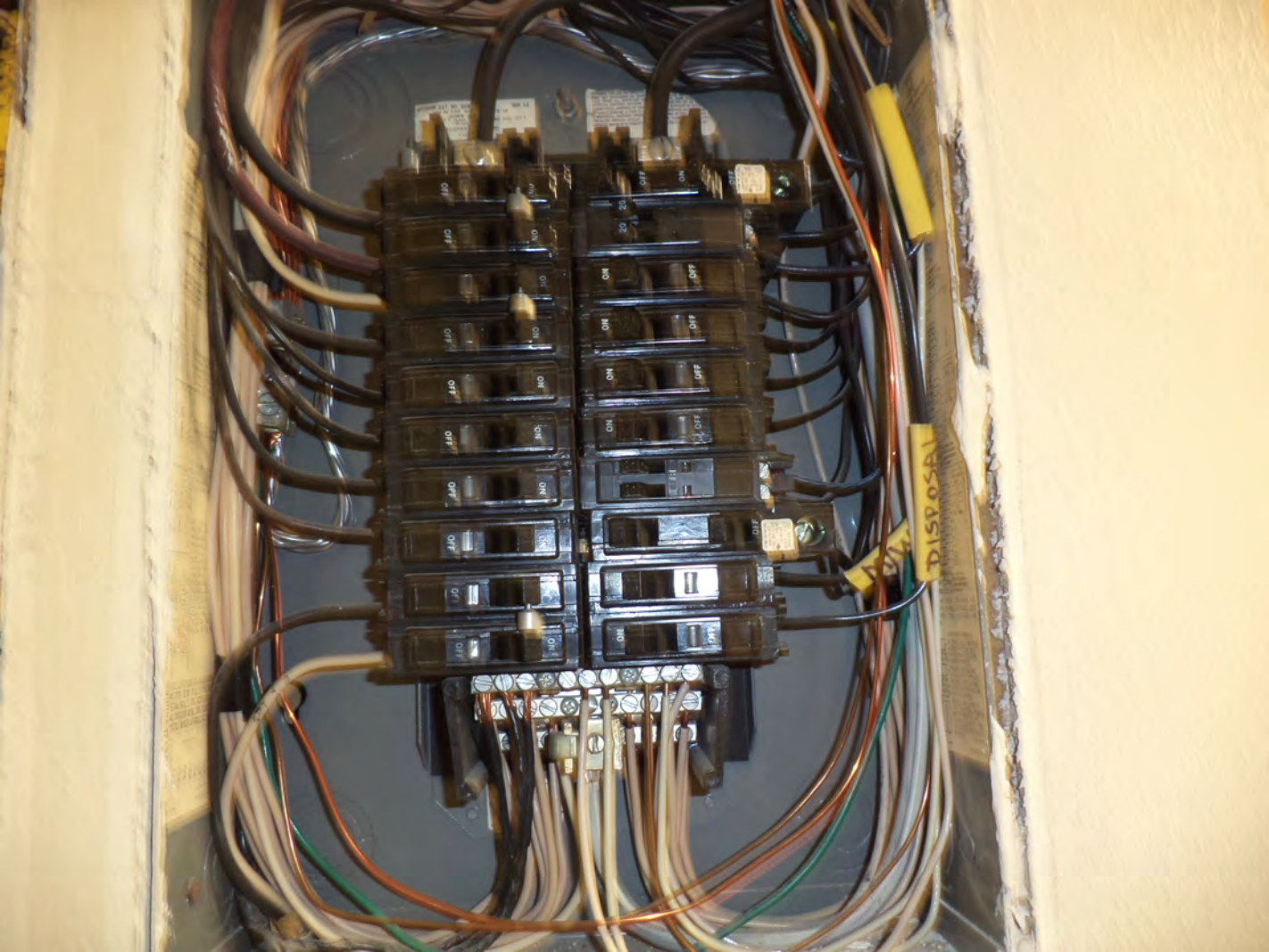
1	STOVE	Down Bath	2
3		FAMILY B.R	4
5	WATER	MIDDLE B.R	4
7	HEATERS	Sub ZEOO Refrig	6
9	UPPER DRN	Entertainment Center	8
11	REC	FAMILY RM REC IN CUBBARD	8
13	REC E. BATH	Rec'd Clock	10
15	OUT FENCE REC	UPPER HALL	12
17	WATER	Room Bells	
19	HEATER	REC Front Porch	14
		KITCHEN AREA	16
		BAR AREA	
		MICROWAVE	18
		DISPOSAL	20

R - HANDLES

**SQUARE D COMPANY**  
 PLANT 15 MADE IN U.S.A.  
 8-624-01

CENTRAL VA

# Fan is down + master





# XL 14i

MFR  
DATE 12/2001

MOD. NO. **4TWX4036A1000AA** VOLTS **208/230**

SERIAL NO. **Z48578B2F** PH **1** HZ **60**

MINIMUM CIRCUIT AMPACITY **21.0** AMPS

OVERCURRENT PROTECTIVE DEVICE USA CANADA

MIN FUSE / BREAKER (HACR) **30** **30**

MAX FUSE / BREAKER (HACR) **35** **35**

HFC - 410A **7** LBS. **01** OZ. OR **3.20** Kg(si)

BAYFCCV **065A** REQUIRED INDOORS FOR RATED PERFORMANCE

THE TRANE COMPANY

TYLER, TX 75711-9010 ASSEMBLED IN USA



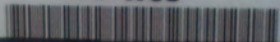
OUTDOOR USE

COMPR. MOT. **15.4** RLA **208/230** V **83** LRA

O.D. MOT. **1.40** FLA **200/230** V **1/6** HP

M.E.A. NO. F. ID. **W60**

DESIGN PSI - HIGH 480 LOW 480







**ENERGYGUIDE**

Estimated Yearly Operating Cost: **\$520**

**\$489.99**

WESTINGHOUSE







