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4 Point Inspection Report

Jeffrey Bolocs
3452 SE Fairway East
Stuart, FL 34997
January 01, 2020

NOTICE: This Report is in accordance with the CLIENT AGREEMENT, and is subject to the terms and conditions agreed upon therein. Upon receiving this report, Client agrees that it has been read in its entirety. Our inspection and this report have been performed with a written client agreement that limits its scope and usefulness. Unauthorized recipients are therefore advised not to rely upon this report, but rather to retain the services of an appropriately qualified home inspector of their choice to provide them with their own evaluation and report.



4-Point Inspection Form

INSURED/APPLICANT NAME Jeffrey B[] & APPLICATION / POLICY # _____
 ADDRESS INSPECTED: HIGUE Fairway OceanStuart, FL 34997
 ACTUAL YEAR BUILT: 1977 DATE INSPECTED: January 6, 2020

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>2 years</u> Year Last Updated: <u>2018</u></p> <p>Amps:</p> <p>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 checked="" type="checkbox"/> Other (specify): _____</p> <p><u>Hazards Present</u></p> <p>Blowing Fuses or Breakers <input type="checkbox"/> Empty Breaker Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/></p> <p>Is the electrical system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)</p>	<p>Panel #2 (if present):</p> <p>Year Panel #2,3,4,5 added: <u>2018</u> Purpose of Panels: <u>Circuits</u></p> <p>Amps:</p> <p>Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input checked="" type="checkbox"/> 200A CB: <input type="checkbox"/> Other (specify): _____</p> <p>Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed/Unsafe Wiring <input type="checkbox"/> Electrical Panel Brand/Model _____ Other (explain) _____</p>	<p>Total System Amps: <u>200</u></p> <p><u>Wiring Type</u></p> <p>Copper Wiring, NM, BX, Conduit: <input checked="" type="checkbox"/> Active Knob & Tube or cloth wiring: <input type="checkbox"/> Aluminum Branch Wiring*: <input type="checkbox"/> Other (specify): _____</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"/> Connections repaired via COPALUM® crimp <input type="checkbox"/> Connections repaired via AlumiConn® <input type="checkbox"/></p>
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Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.

HVAC SYSTEM

<p>Age of System: <u>2 years</u> Year Last Updated: <u>2018</u></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>Central HVAC <input checked="" type="checkbox"/> Yes <input 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>
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Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.



4-Point Inspection Form

PLUMBING SYSTEM		
Age of System: <u>2 years</u>	Year Last Updated: <u>2018</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 any noted 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)		
Predominant Roof Covering Material: <u>Metal</u> Roof Age (years): <u>2 years</u> Remaining Useful Life: <u>48 years</u> Date of Last Roofing Permit: <u>07/20/2018</u> Date of Last Update: _____ <i>If updated (check one):</i> Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____ <i>Overall Condition of Roof:</i> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>	Secondary Roof Covering Material: <u>Membrane</u> Roof Age (years): <u>2 years</u> Remaining Useful Life: <u>18 years</u> Date of Last Roofing Permit: <u>07/20/2018</u> Date of Last Update: _____ <i>If updated (check one):</i> Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____ <i>Overall Condition of Roof:</i> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>	<i>Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</i> Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Any visible signs of leaks?</i> Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc. for all roof coverings.</i>		

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

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 4860	January " #, \$020
INSPECTOR SIGNATURE	TITLE	LICENSE NUMBER	DATE



Front Elevation



Right Elevation



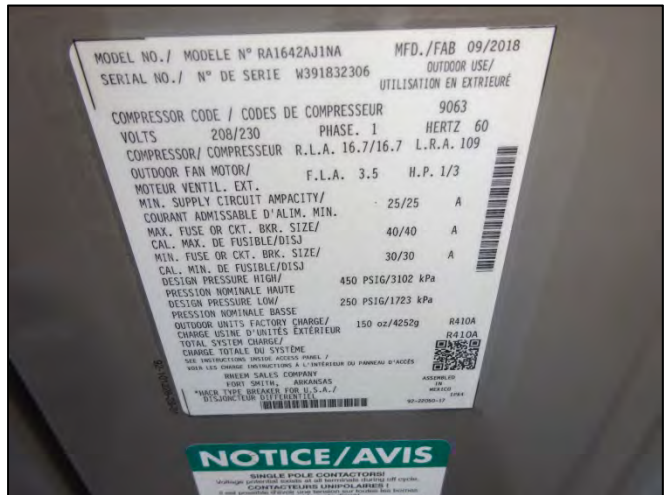
Rear Elevation



Left Elevation



HVAC System



HVAC Label MFD: 09/2018



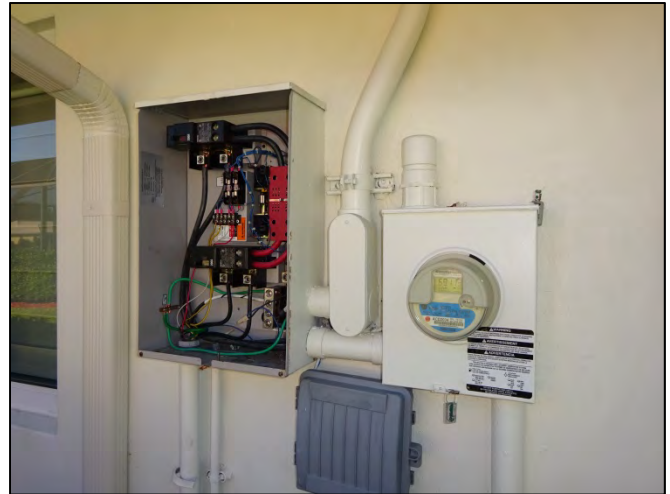
HVAC System



HVAC Label MFD: 08/2018



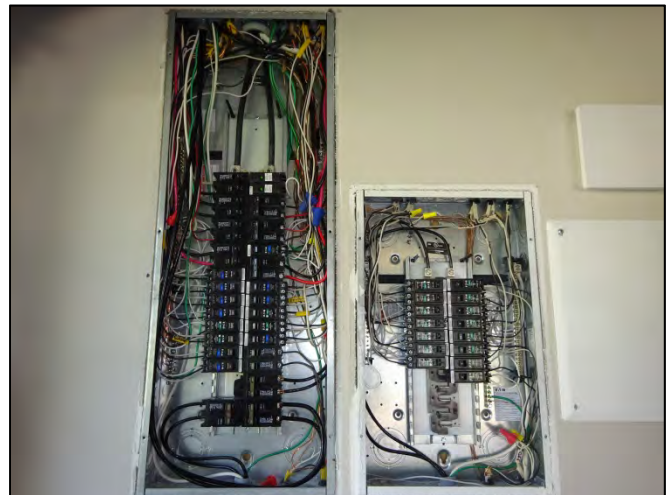
Generac Electrical Panel



Generac Electrical Panel



Eaton Electrical Panel



Eaton Electrical Panel



Eaton Electrical Panel



Eaton Electrical Panel



Eaton Electrical Panel



Eaton Electrical Panel



Water Heater 1



Water Heater Label MFD: 10/2018



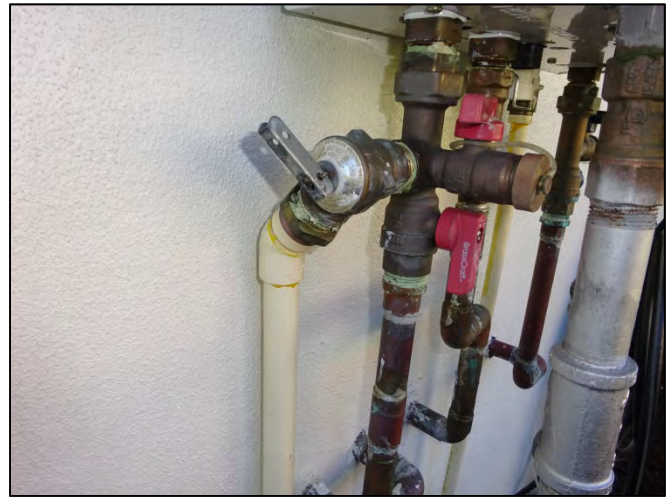
Water Heater 2



Water Heater Label MFD: 10/2018



TPRV



TPRV



Plumbing



Plumbing



Plumbing



Plumbing



Roof



Roof



Roof



Roof