

# 4-Point Inspection Form

Insured/Applicant Name: MICHAEL A & KIMBERLY D REITER Application / Policy #: \_\_\_\_\_  
 Address Inspected: 22 POINSETTIA DR., DELAND, FL 32724  
 Actual Year Built: 1957 Date Inspected: 09/27/2024

**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 sample 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: 100  
 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 ~~← 1 Breaker (sub-panel)~~
- Exposed wiring
- Unsafe wiring
- Improper breaker size
- Scorching
- Other (explain)

Issue Corrected  
 Adm [Signature]  
 10-7-24

AB 10-7-24

AB 10-7-24

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

**Supplemental information**

**Main Panel**

Panel age: 6 yrs.  
 Year last updated: 2018  
 Brand/Model: Siemens

**Second Panel**

Panel age: 4 yrs  
 Year last updated: 2020  
 Brand/Model: Murray

**Wiring Type**

Copper  
 NM, BX or Conduit

## 4-Point Inspection Form

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 <b>primary</b> heat source and fuel type: _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing/inspection: <u>9/2021</u>
<b>Hazards Present</b> Wood-burning stove or central gas fireplace <i>not</i> professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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
<b>Supplemental Information</b> Age of system: <u>7 yrs.</u> Year last updated: <u>2017</u> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location: <u>Inside (2021)</u>																																																
<b>General condition of the following plumbing fixtures and connections to appliances:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 16.6%;">Satisfactory</th> <th style="width: 16.6%;">Unsatisfactory</th> <th style="width: 16.6%;">N/A</th> <th style="width: 50%;"></th> <th style="width: 16.6%;">Satisfactory</th> <th style="width: 16.6%;">Unsatisfactory</th> <th style="width: 16.6%;">N/A</th> </tr> </thead> <tbody> <tr> <td>Dishwasher</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Toilets</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sinks</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sump pump</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Water heater</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Main shut off valve</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Showers/Tubs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>All other visible</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A	Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input 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 type="checkbox"/>	Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).  																																																

Supplemental Information	
Age of Piping System: <input type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input checked="" type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below) <u>2021 - Small portions of PEX piping &amp; copper piping added from the water heater to the washing machine hookup.</u>	<b>Type of pipes (check all that apply)</b> <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input checked="" type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input type="checkbox"/> 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: Metal

Roof age (years): 13

Remaining useful life (years): 15-17

Date of last roofing permit: 3-22-2011 (BP# 20110322012)

Date of last update: 2011

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: Modified Bitumen

Roof age (years): 4

Remaining useful life (years): \_\_\_\_\_

Date of last roofing permit: N/A

Date of last update: 2020

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.

Adam R. Baber                      owner  
 Inspector Signature                      Title

HI9690    09/27/2024  
 License Number    Date

Premium Inspections Home Inspector  
 Company Name    License Type

386-437-3372  
 Work Phone



# Folder Details

**Folder Name:** 22 POINSETTIA DR DELAND

**Status:** Finaled

**Reference Number:** 20110322012

**Application Date:** 2011-03-22

**Type:** Re-Roof Permit - Residential - Replacement

**Expiration Date:** 2011-10-02

**Issue Date:** 2011-03-23

**Description:** Re-roof / tear off / shingle to metal  
\*\*\* no skylights \*\*\*

**Condition:** \* Note-SLOPE ROOF INFORMATION:

\* Re-roof permits require a minimum of (3) inspections:

\* RSHT - roof sheathing nailing

\* RUND - in progress inspection to confirm methods/materials

\* ROOF - final installation

\*\*\* Building is located { out } wind born debris region

\*\*\* Building value is {N/A}

- If contractor opts for use of affidavit for the deck nailing and required secondary water barrier inspections as applicable, the contractor is still obligated to call in progress inspections (RSHT, RUND). Please Note: A product wrapper containing the product approval Information needs to be placed with the permit placard

\*\* The Metal Roof System shall be installed according to the Manufacturer's and/or Engineer's installation instructions for 120-mph Wind zones. The Manufacturer's and/or Engineer's specifications and installation instructions are to be on the jobsite for inspections.

## Property Details

**Physical Address:** 22 POINSETTIA DR , DELAND FL, 32724

**Parcel ID:** 603809000180

## People Details

<u>Name</u>	<u>People Role</u>	<u>Address</u>
Gulledge Roofing Inc (Richard E. Gulledge)	Applicant	Richard Gulledge, Gulledge Roofing Inc 108 E Lisbon PKWY

Information, as provided here, is not relied upon as all encompassing and is subject to change. All information may not be available at this time.



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AEO 020



















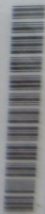




MODEL NO./ MODELE N° RP1536AJ1NA  
SERIAL NO./ N° DE SERIE W401617749

MFD./FAB 10/2016  
OUTDOOR USE/  
UTILISATION EN EXTREURÉ

COMPRESSOR CODE / CODES DE COMPRESSEUR	9015	
VOLTS 208/230	PHASE. 1	HERTZ 60
COMPRESSOR/ COMPRESSEUR	R.L.A. 15.4/15.4	L.R.A. 83.9
OUTDOOR FAN MOTOR/ MOTEUR VENTIL. EXT.	F.L.A. 2.8	H.P. 1/3
MIN. SUPPLY CIRCUIT AMPACITY/ COURANT ADMISSABLE D'ALIM. MIN.	23/23	A
MAX. FUSE OR CKT. BKR. SIZE/ CAL. MAX. DE FUSIBLE/DISJ	35/35	A
MIN. FUSE OR CKT. BRK. SIZE/ CAL. MIN. DE FUSIBLE/DISJ	30/30	A
DESIGN PRESSURE HIGH/ PRESSION NOMINALE HAUTE	550 PSIG/3792 kPa	





ANY  
al

MFD.:  
FRQ:

03/2017

RHEEM SALES COMPANY  
FORT SMITH, ARKANSAS

MODEL/MODELE# RH1T3617STANJA

VOLTS: 208/240 PH/HZ: 1 / 60

REFRIGERANT/RÉFRIGÉRANT R-410A

ATTENTION: MARK HEATER KIT INSTALLED IN LEFT COIL  
DE CHAUFFAGE DE MARQUE A INSTALLER DANS LE

Fisica  
MÉXICO  
Operación Anexo

92-22950-20-01

HEATER MODEL/ MODELE D'APPAREIL DE CHAUFFAGE	TYPE SUPPLY CIRCUIT/TAPE LE CIRCUIT DE PROVISION	VOLTAGE/ TENSION	PHASE	KW	HEATER AMPS/ AMPLES D'APPAREIL DE CHAUFFAGE	HEATER AMPS/ AMPLES D'APPAREIL DE CHAUFFAGE
NO HEAT				0		
RXDB1-17A03J	SINGLE	208/240	1/Ø	2.25/3.0	10.8/12.5	2.8
RXDB1-1724A03J	SINGLE	208/240	1/Ø	2.25/3.0	10.8/12.5	2.8
RXDB1-1724A05J	SINGLE	208/240	1/Ø	3.0/4.8	17.3/20.0	2.8
RXDB1-1724A07J	SINGLE	208/240	1/Ø	5.4/7.2	26.0/30.0	2.8
RXDB1-1724A10J	SINGLE	208/240	1/Ø	7.2/9.0	34.0/38.0	2.8
RXDB1-1724A13J	SINGLE	208/240	1/Ø	8.4/12.5	43.0/52.0	2.8
RXDB1-1724A15J	MULTI CKT 1	208/240	1/Ø	8.4/12.5	43.0/52.0	2.8
RXDB1-1724A18J	MULTI CKT 1	208/240	1/Ø	8.4/12.5	43.0/52.0	2.8

CAUTION!

na: 30 a los

WELCOME HOME







MODEL NUMBER

SERIAL NUMBER

EN6-40-DORT 110

2101122622986

10

VOLTS AC	PHASE	WATTS UPPER	WATTS LOWER	TOTAL WATTS CONNECTED	NOMINAL CAPACITY US GAL
240	1	4500	4500	4500	40
VOLTS AC	ALTERNATE RATINGS WATTS UPPER	RATINGS WATTS LOWER	TOTAL WATTS CONNECTED		ORIF
208	3380	3380	3380		A5

STATE INDUSTRIES, LLC  
ASHLAND CITY, TN USA



Model Number

EN6-40-DORT 110

1600



Serial Number



HOT

COLD

CONSUMERS ENERGY



















# SIEMENS

## Indoor Load Center

Catalog Number

**P3040B1200, P3040B1200CU**  
**P3040L1200, P3040L1200CU**

Enclosure  
Type 1

RATINGS: 200A MAXIMUM - SEE MAIN BREAKER RATING IF USED. BUS RATING 225A.  
BACK FEED BREAKER REQUIRES HOLD-DOWN KIT ECMER2.  
120/240 V~, 60 HZ, 10.3W ; 208Y/120 V~, 60 HZ, 10.3W

FOR INSTALLATION BY A QUALIFIED PERSON IN ACCORDANCE WITH ALL LOCAL ELECTRICAL  
CODES AND/OR THE NATIONAL ELECTRICAL CODE®.

**SUITABLE FOR USE AS SERVICE EQUIPMENT WHEN MAIN  
BREAKER IS INSTALLED**

WHEN USED AS SERVICE EQUIPMENT, APPLY "SERVICE  
DISCONNECT" LABEL TO FRONT NEXT TO MAIN BREAKER HANDLE.

WHEN USED AS SERVICE EQUIPMENT, UNUSED NEUTRAL BAR TERMINALS MAY BE USED TO  
TERMINATE EQUIPMENT GROUNDING WIRES IN THE COMBINATIONS INDICATED FOR EQUIPMENT  
GROUND BAR TERMINALS.

WHEN THE NEUTRAL TIE STRAP IS REMOVED, THE LEFT NEUTRAL BAR WILL  
BECOME THE EQPT. GROUND. INSTALL LUG KIT ECLKB1 ON MAIN LUG  
DEVICES. ON MAIN BREAKER DEVICES, MOVE GREEN BONDING SCREW TO  
LEFT BAR.

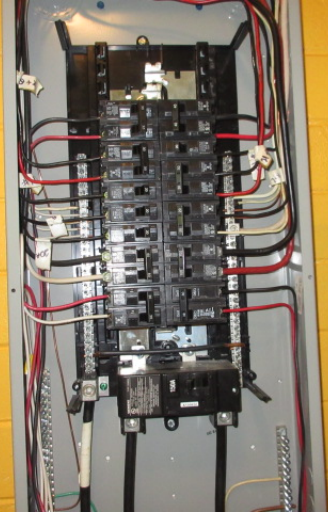
SUM OF QT BREAKER RATING IS NOT TO EXCEED 110 AMPS PER BRANCH  
CIRCUIT BUS STAB.

TO RESET BREAKERS...

**USE COPPER OR ALUMINUM**  
SEE BREAKER INSTRUCTIONS FOR WIRE SIZES

ACC	DESCRIPTION
	DOOR LOCK
	FILLER PLATE
	BREAKER HOLD-DOWN KIT
	ROUNDABLE COVER
	SUBFEED LUG
	STANDBY PULL
	ECSBPND
	ECSBPND
	MAIN LUG
	USE IN CHART 10
	DESCRIPTION
	100 AMP
	150 AMP
	200 AMP













SUITABLE FOR USE AS SERVICE EQUIPMENT.  
INSTALLED. WHEN USED AS SERVICE EQUIPMENT, APPLY SERVICE  
FRONT NEXT TO MAIN BREAKER HANDLE.

WHEN USED AS SERVICE EQUIPMENT, UNUSED NEUTRAL BAR TERMINALS MAY BE USED TO  
TERMINATE EQUIPMENT GROUNDING WIRES IN THE COMBINATIONS INDICATED FOR EQUIPMENT  
GROUND BAR TERMINALS.

TO BOND NEUTRAL TO ENCLOSURE, BEND STRAP PROVIDED TO POSITION FREE END INTO ANY  
NEUTRAL TAP HOLE. TIGHTEN CONNECTOR SET SCREW ON BOND STRAP TO 35 LB-IN. WHEN  
NEUTRAL IS BONDED, LEFT BAR BECOMES SPLIT NEUTRAL.

SUM OF MHT BREAKER RATING IS NOT TO EXCEED 110 AMPS PER BRANCH CIRCUIT BUS STAB.  
TO RESET BREAKERS WITH TRIPPED HANDLE POSITION BETWEEN "ON" AND "OFF", MOVE  
HANDLE TO "OFF" THEN TO "ON".

REMOVE TWISTOUTS FROM TRIM ONLY WHERE BREAKERS WILL BE INSTALLED. ALL OPENINGS  
MUST BE FILLED WITH BREAKERS OR FILLER PLATES. USE ONE ECMBF125 FILLER PLATE TO FILL  
100-125A MAIN BREAKER OPENING.

**Murray Electrical Products**  
GenCorp Energy & Automation, Inc.  
Alpharetta, Georgia U.S.A.

J2

4099715 Rev B



IMPORTANT: DO NOT ALLOW PETROLEUM BASED (HYDROCARBON) SPRAYS, CHEMICALS, SOLVENTS  
OR ANY PAINT TO CONTACT INTERIOR COMPONENTS. PETROLEUM BASED CHEMICALS CAN CAUSE  
DEGRADATION OF ELECTRICAL INSULATING MATERIALS.

**⚠ DANGER**

Hazardous Voltage.  
Will cause death, serious injury  
or substantial property damage.

Turn off power supplying this  
equipment before working inside.



**⚠ PELIGRO**

Voltaje peligroso. Causará la  
muerte, lesiones graves o daño  
substantial a la propiedad.

Desconecte el suministro de energía a este  
equipo antes de trabajar en su interior.

NONE
SIEMENS BREAKER TYPES J, HJ, HD6(A), HJXD6(A), LD6(A), MD6, NXD6, HM6D6, HMXD6, S OR CLASS J, T, R OR L FUSES
NONE
300V T FUSES

† THIS PANEL BOARD IS EITHER A BREAKER DEVICE THAT MAY BE

THIS LOAD C

USE COP

TERMINALS

A, B

NEUTRAL A

SMALL TERMINALS

LARGE TERMINALS

ECLK2NC, NEUT  
LUG KIT  
MAIN LUG MAIN  
CONNECTION

