



KHI

Komatina's Home Inspection

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633 Mandarin Orange Ct

Orange City Fl 32763

386-717-7120

State License HI977

NACHI # 09050410

AHIT Certified

C M I Certification

Wind Mitigation Certification

09050410

Website

Komatinahomeinspections.com

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mkomatina57@aol.com

07/22/2025

22 Poinsettia Dr

Deland Fl 32724

Home Built-1957/Square footage living area 1721 Ft.

Wall Type -Block

Roof Covering-Metal & Roof Adhered Modified Membrane

Roof # 20110322012/Issue Date 03/22/11

Weather Condition (Cloudy)

Insurance Agent

Fire Station Within 500 Ft

Fire Hydrant Within 4.5 Miles

20110322012

Re-Roof Permit

Replacement

03/22/11

4-Point Inspection Form

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

Address Inspected: 22 Poinsettia Dr Deland Fl 32724

Actual Year Built: 1957

Date Inspected: 07/22/2025

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

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing | <ul style="list-style-type: none"> <input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain) |
|--|---|

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

Supplemental information

Main Panel

Panel age: 10 yrs

Year last updated: Approximate 2015

Brand/Model: Siemens Panel

Second Panel

Panel age: 10 yrs

Year last updated: Approximate 2010

Brand/Model: Murray Panel

Wiring Type

- Copper
- NM, BX or Conduit

Sample Form Insp4pt 01 18

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 primary 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>Unknown</u>
Hazards Present 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
Supplemental Information Age of system: <u>8 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>Laundry room/Rheem Date 2021</u>																																																
General condition of the following plumbing fixtures and connections to appliances: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Satisfactory</th> <th style="text-align: center;">Unsatisfactory</th> <th style="text-align: center;">N/A</th> <th></th> <th style="text-align: center;">Satisfactory</th> <th style="text-align: center;">Unsatisfactory</th> <th style="text-align: center;">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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 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 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"/>
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Supplemental Information <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Age of Piping System: <input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below) </td> <td style="width: 50%; vertical-align: top;"> Type of pipes (check all that apply) <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC/CPVC <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> Other (specify) <u>Drain Waste Vent Cast Iron</u> </td> </tr> </table>	Age of Piping System: <input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below)	Type of pipes (check all that apply) <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC/CPVC <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> Other (specify) <u>Drain Waste Vent Cast Iron</u>																																														
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Sample Form Insp4pt 01 18

4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i> .)	
<p>Predominant Roof Covering material: <u>Metel</u> Roof age (years): <u>14 yrs</u> Remaining useful life (years): <u>20+ yrs</u> Date of last roofing permit: <u>03/22/11</u> Date of last update: <u>03/22/11</u></p> <p>If updated (check one): <input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: _____</p> <p>Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage / deterioration? (check all that apply and explain below)</p> <p><input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage</p> <p>Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Roof Covering material: <u>Roof Adhered Modified Membrane</u> Roof age (years): <u>14 yrs</u> Remaining useful life (years): <u>5 yrs</u> Date of last roofing permit: <u>03/22/11</u> Date of last update: <u>03/22/11</u></p> <p>If updated (check one): <input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: _____</p> <p>Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage / deterioration? (check all that apply and explain below)</p> <p><input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage</p> <p>Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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	HI977	07/22/2025
Inspector Signature	Title	License Number	Date
Komatina's Home Inspections	Home inspector	386-717-7120	
Company Name	License Type	Work Phone	

ROOF GEOMETRY





Rear left



Rear



Rear right



Rear right

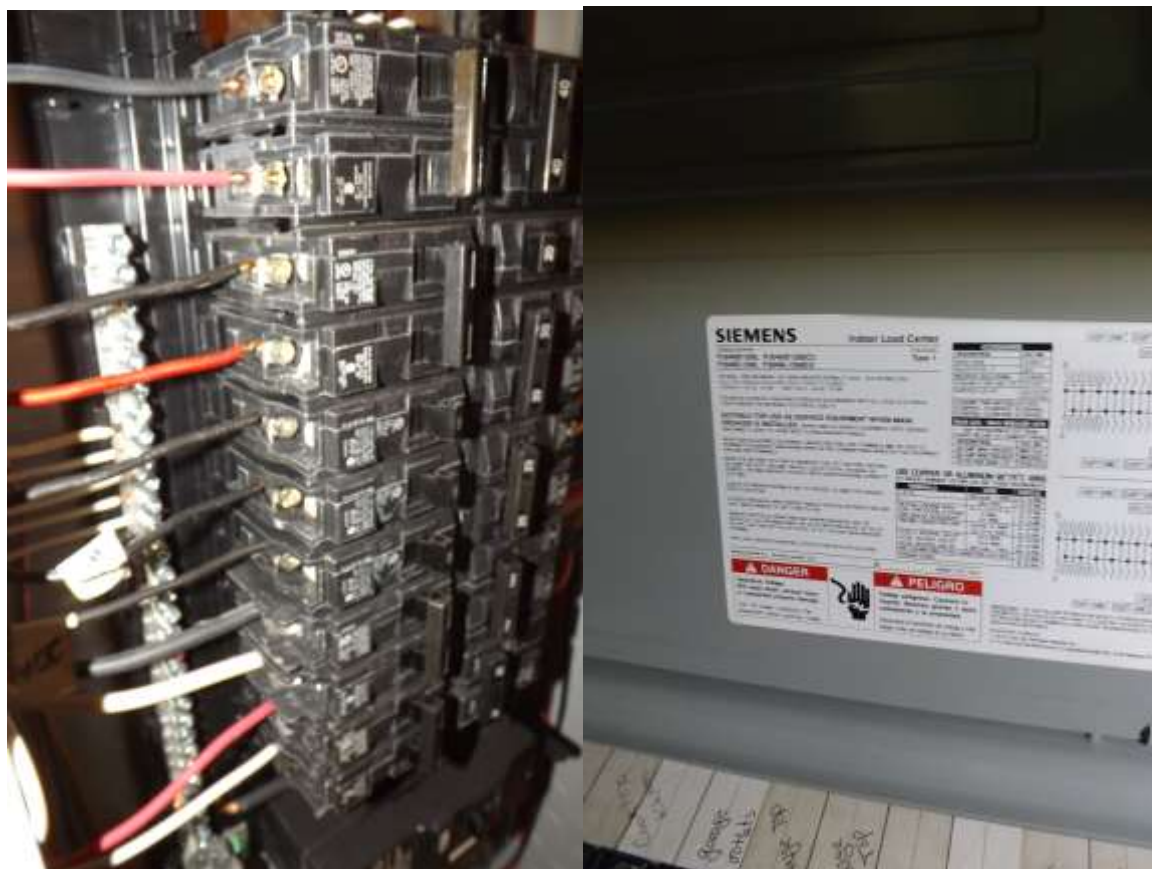
ELECTRICAL SYSTEM



Exterior



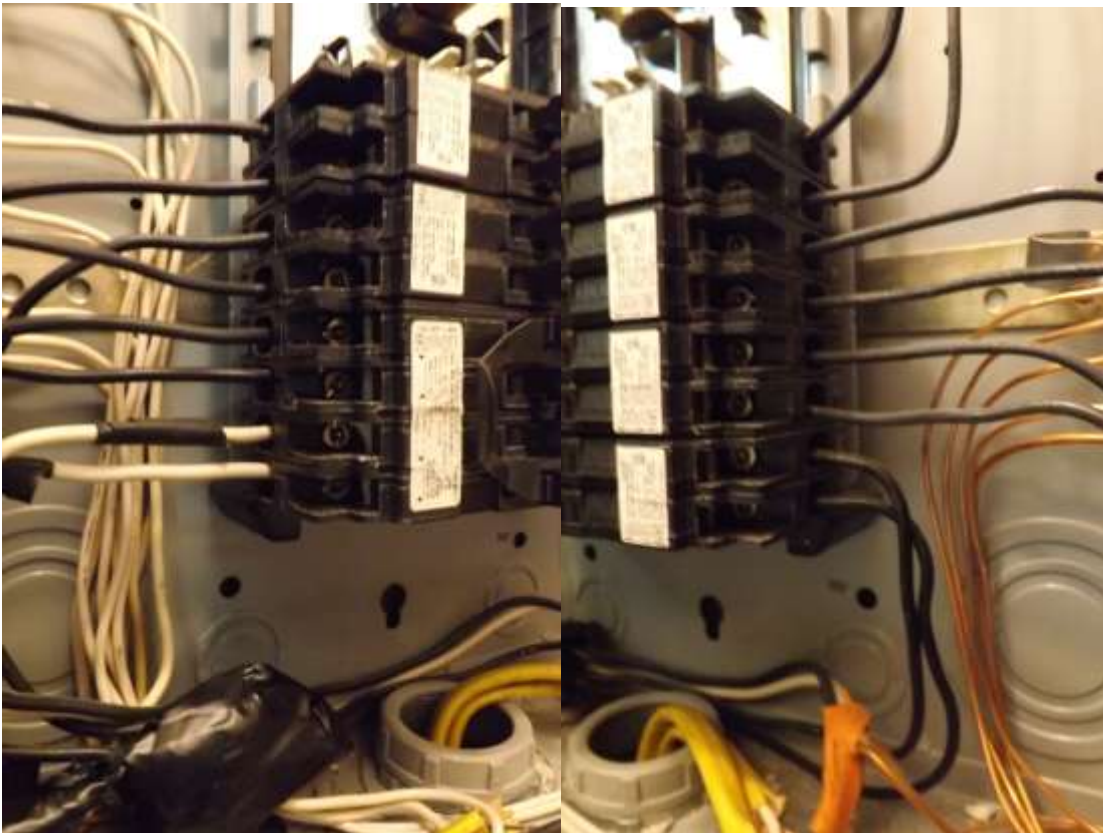
Laundry room



150 Amps Siemens Panel



Hall Closet





Murray Panel

HVAC SYSTEM



Hall Closet



Date 2017



Date 2017/3 Tons

PLUMBING SYSTEM



Laundry room



Water Pipe Copper & PEX



Date 2021

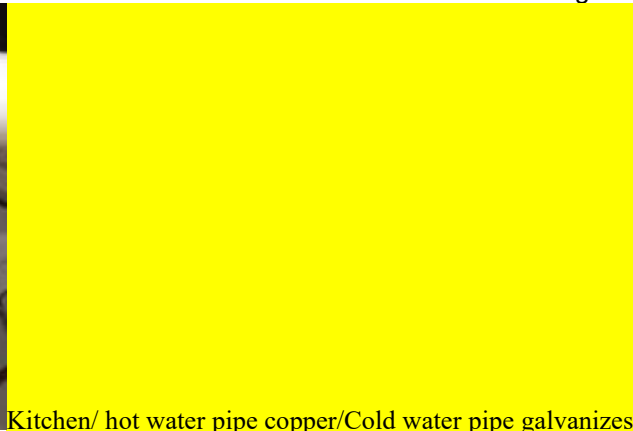


Laundry room/Washer Rubber Hoses



Kitchen





Kitchen/ hot water pipe copper/Cold water pipe galvanizes



liner was use.

Shower remodel don't know if pan



Shutoff handle appears to be crack replacement needed - Water pipes not visible



Hall Bath





Hall Toilet Water Pipes not visible

ROOF COVERING & ATTIC



Layer 1



Flat roof Roof Adhered Modified Membrane

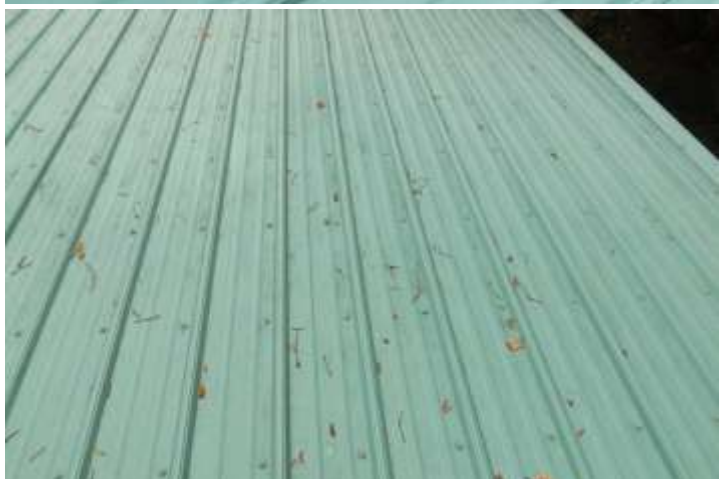


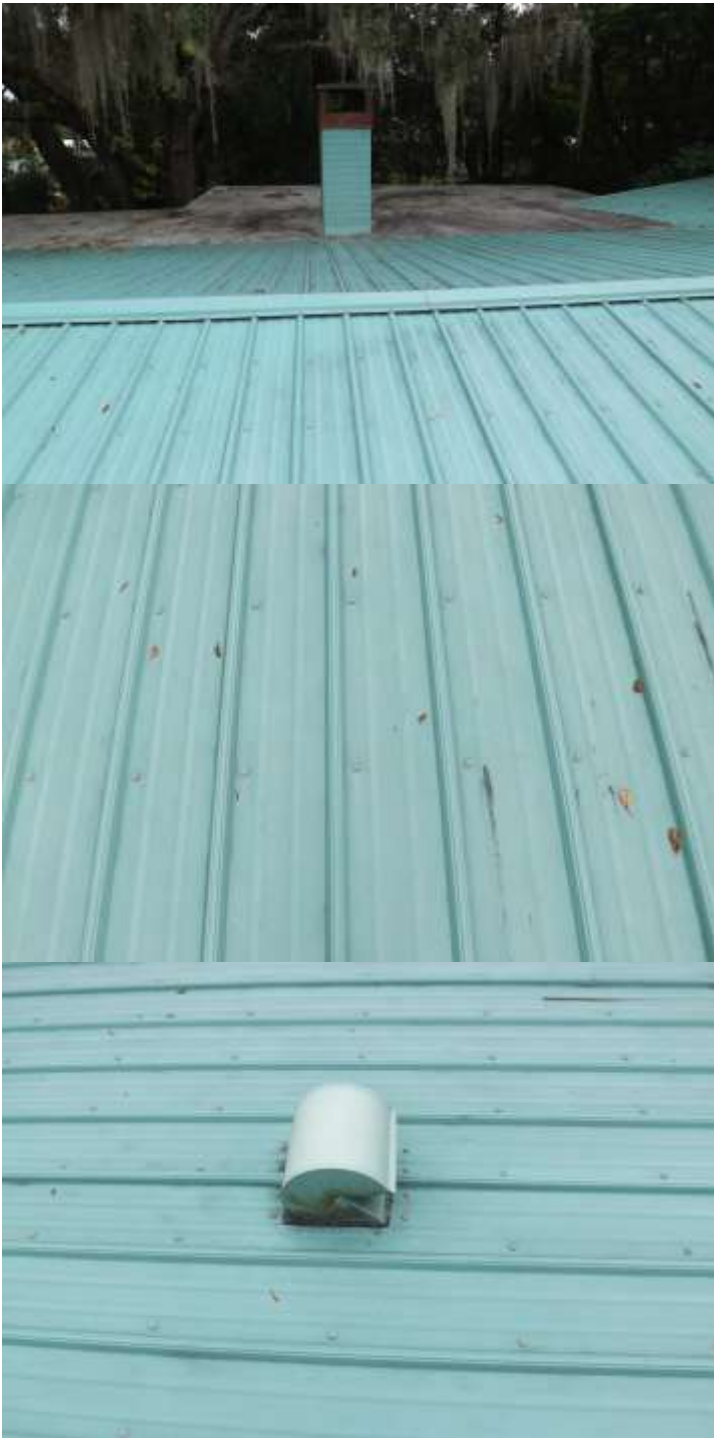
Roof screw life expectancy 15 to 25 years plan budget

replacing



Waste vent cast Iron









Waste vent Cast Iron