

# 4-Point Inspection Form



Veritas Home Inspections  
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Insured/Applicant Name: \_\_\_\_\_ Application / Policy #: \_\_\_\_\_  
Address Inspected: 2800 Poplar St., Sarasota, FL 34237  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Actual Year Built: 1953 Date Inspected: 12/21/2024

## 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 elevation



Rear elevation



Right elevation



Left rear elevation

# 4-Point Inspection Form

## Electrical System

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

Panel: Main

Total Amps: 200

Panel Age +40 yrs

Year last updated: 2023

Brand/Model: ITE

Type: ☒ Circuit Breaker ☐ Fused

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

### 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

☐ Empty sockets

☐ Improper grounding

☐ Over fusing

☐ Tripping breakers

☐ Loose wiring

☐ Corrosion

☐ Exposed Wiring

☐ Scorching

☐ Unsafe Wiring

☐ Double taps

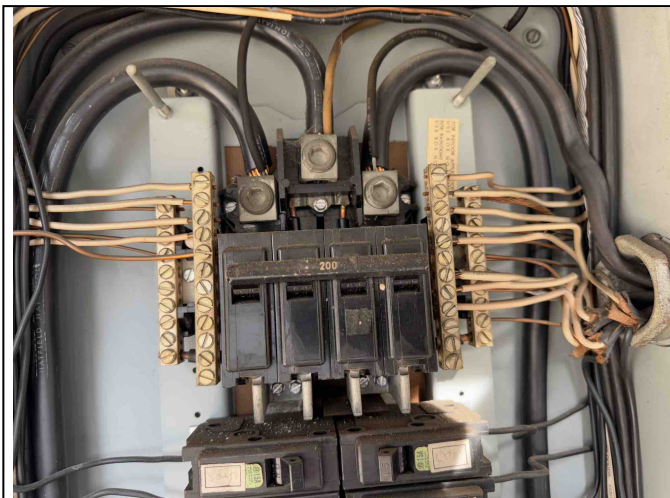
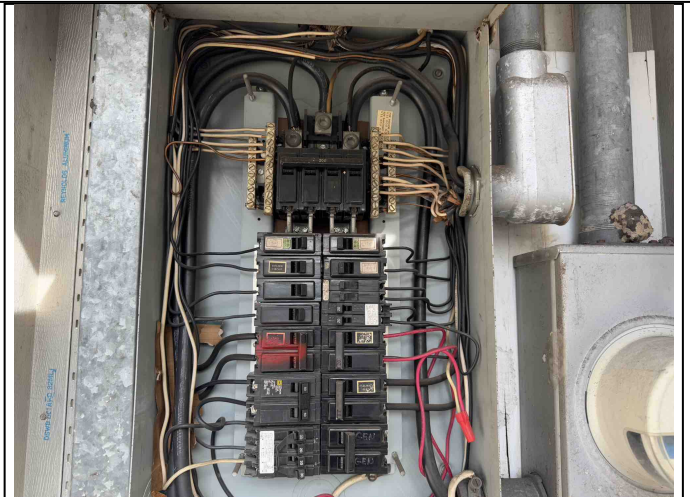
☐ Improper Breaker Size

☐ Other:

### General condition of the electrical system:

☒ Satisfactory

☐ Unsatisfactory (explain)





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## HVAC Systems 1

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: \_\_\_\_\_

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (See Additional Comments)

Date of last HVAC servicing/inspection: N/A. ICP Mfgt. date 2009

## Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

Space heater used as primary heat source? ☐ Yes ☒ No Is the source portable? ☐ Yes ☒ No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

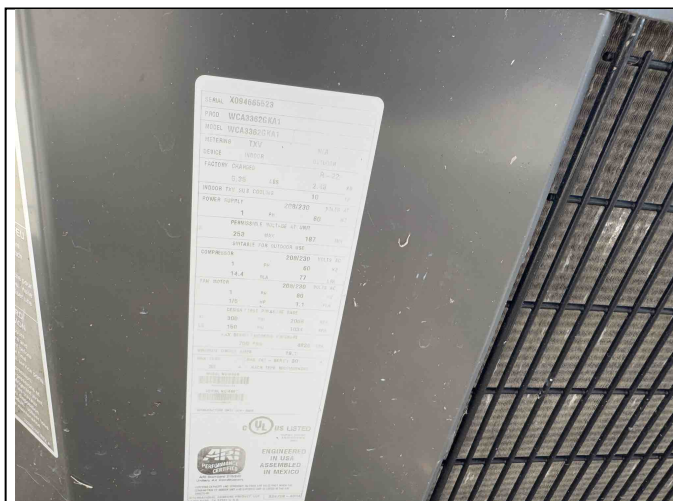
## Supplemental Information

Age of System: \_\_\_\_\_ Year last updated: \_\_\_\_\_

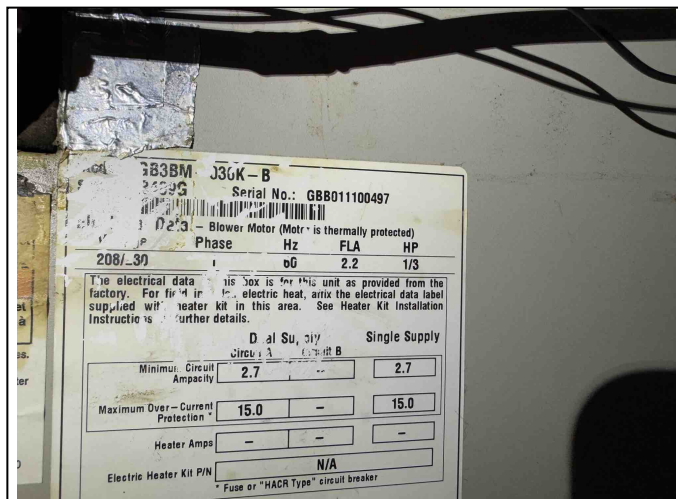
## Additional Comments:



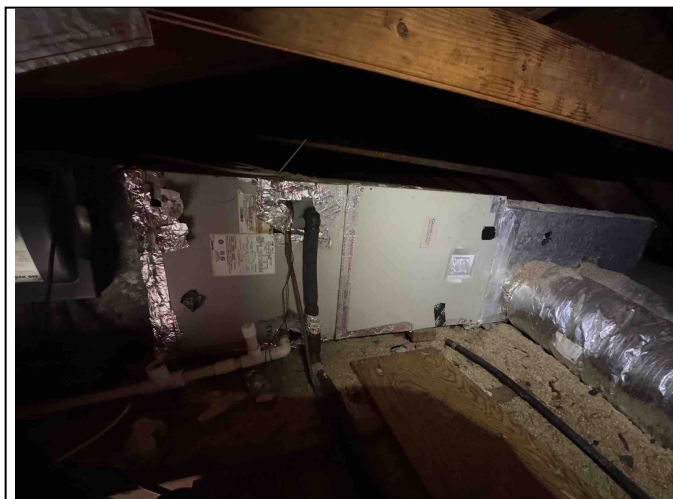
ICP Condenser Unit



Mfgt.date:2009



Mfgt.date:2001



Nordyne Ar handler

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AC temp.

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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: Laundry Room. AO Smith. Mfgt. date 2019

## General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/detail (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:

### Type of pipes (check all that apply)

- ☒ Copper ☒ PVC/CPVC ☐ Galvanized  
☐ PEX ☐ Polybutylene ☐ Cast Iron  
☐ Other:



Main water shut off



AO Smith Water Heater



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Mfgt.date:2019



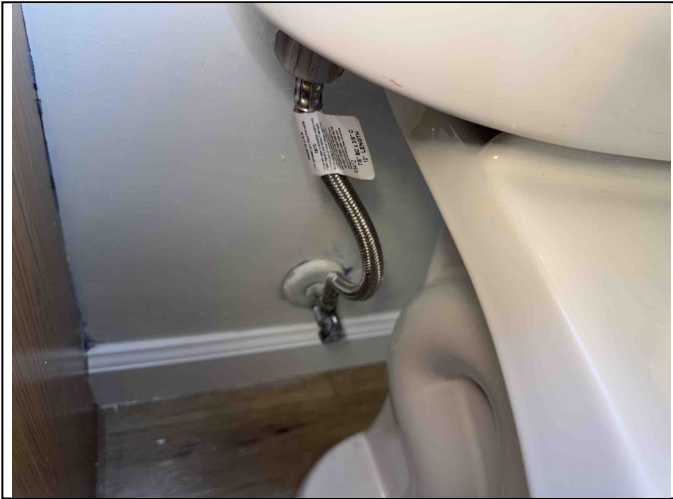
TPR



Kitchen plumbing



Bathroom sink plumbing

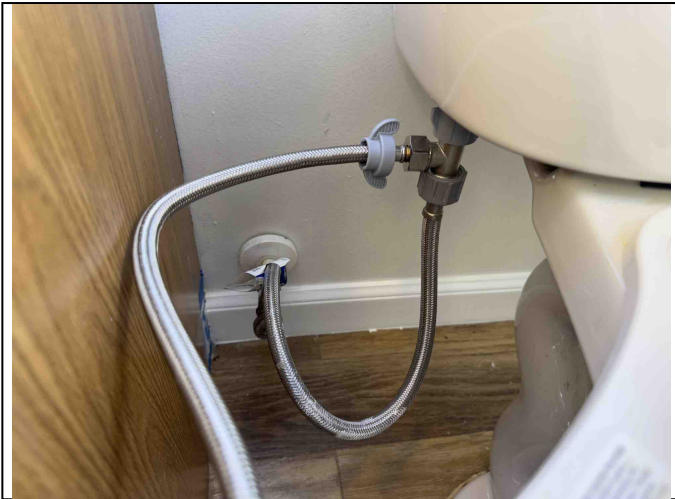


Bathroom toilet

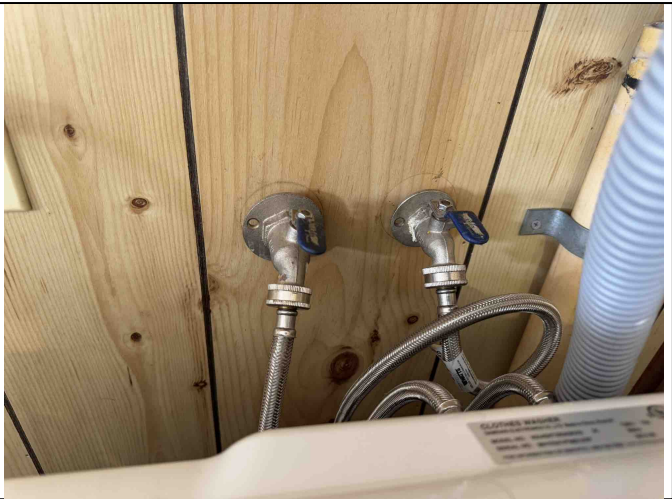


Bathroom sink plumbing

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Bathroom toilet



Laundry plumbing



Hot water temp.



# 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: F.Glass arch. Shingles

Roof age (years): 3 yrs

Remaining useful life (years): 20 yrs. approx

Date of last roofing permit: 05-2021. # 2021 007661

Date of last update: 2021

If updated (check one):

☒ Full replacement ☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall Condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

- ☐ Cracking ☐ Cupping/Curling  
☐ Excessive granules loss ☐ Exposed asphalt  
☐ Exposed felt ☐ Soft spots in decking  
☐ Missing/loose/cracked ☐ Visible hail damage  
 tabs or tiles

Any visible signs of leaks? ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

## Secondary Roof

Covering material: Metal

Roof age (years): 3 yrs

Remaining useful life (years): 25-30 yrs

Date of last roofing permit: 05-2021. # 2021 07661

Date of last update: 2021

If updated (check one):

☒ Full replacement ☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall Condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

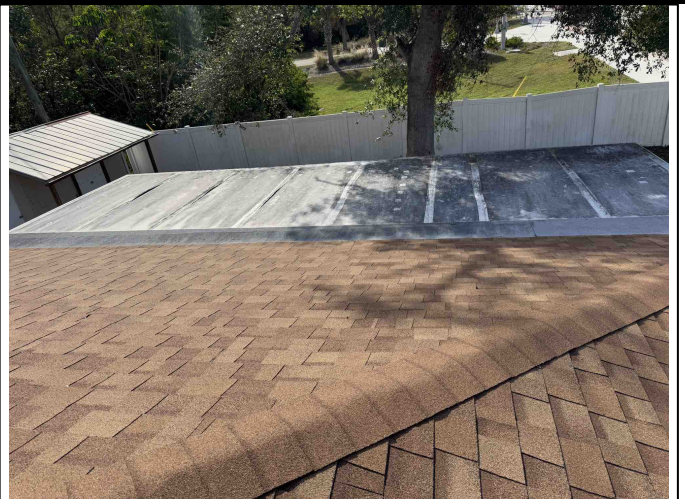
### Any visible signs of damage / deterioration?

- ☐ Cracking ☐ Cupping/Curling  
☐ Excessive granules loss ☐ Exposed asphalt  
☐ Exposed felt ☐ Soft spots in decking  
☐ Missing/loose/cracked ☐ Visible hail damage  
 tabs or tiles

Any visible signs of leaks? ☐ Yes ☒ No

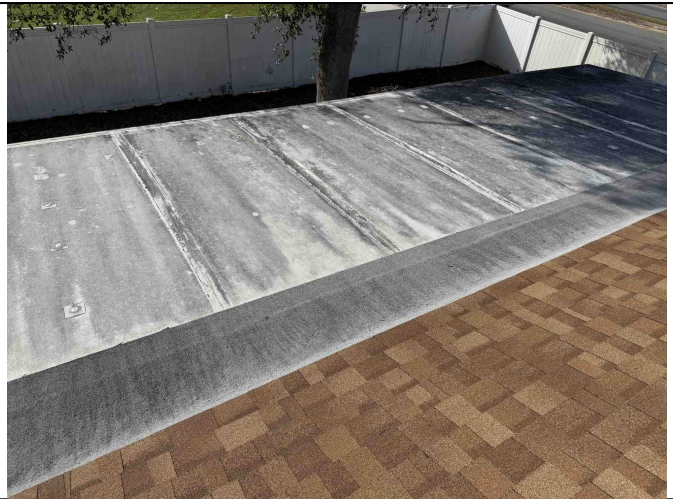
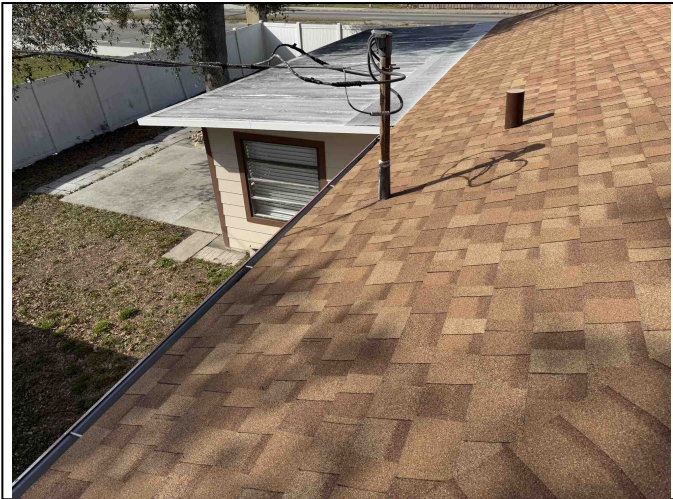
Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No





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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.

Inspector Signature	Fl. Home Inspector	HI-9358	12/21/2024
	Title	License Number	Date
Veritas Home Inspections	Home Inspector	(941) 416-6843	
Company Name	License Type	Work Phone	

Application ID: **2021-007661**  
 Date Applied: **05/17/2021**  
 Expiration Date: **12/22/2021**

Permit Number: **2021-007661**  
 Date Issued: **05/25/2021**  
 Date Completed: **06/22/2021**

## Parcel Info

Parcel Address: **2800 POPLAR ST**  
 Site Address:  
 City: **SARASOTA**  
 State: **FL**  
 Zip Code: **34237**

## Legal Owner and Description (current)

Below represents current parcel information from the property assessor's database. See Contact Info for ownership information during this application/permit.

Owner Name(s): **WAYSON ENTERPRISES INC,**  
 Owner(s) address: **5058 DORSEY HALL DR STE 203  
 ELLICOTT CITY MD 21042-7851**  
 Legal Description: **LOT 1 LESS R/W FOR TUTTLE AVE DESC IN  
 OR 2622/2077 BLK C GLEN RIDGE SUB**

## Permit Info

### Description of Work

Location of Work:  
 Type of Construction:  
 1 Hour Protected: **NO**  
 Census Item: **434**  
 Work Type: **REROOF - RESIDENTIAL**  
 Work Description: **FEMA-SHINGLE REROOF 17 SQ 3/12  
 PITCH FL9777 FL10674**  
 Occupancy Use: **R3 Primary Perm, Not R1, R2,R4 or I**  
 Occupant Load:  
 Type of Business:  
 Total Construction Amt: **8000**  
 Prepaid Amount: **0**  
 Conditions: **Building Conditions: ROOFING  
 AFFIDAVIT REQUIRED BEFORE 1ST  
 INSPECTION.**  
 Plans:  
 De Minimis:  
 Public/Private **PRIVATE**

### Additional Building Information

# Buildings:	# Units:
# Stories:	Entire Bldg (sqft):
Floor Area (sqft):	Tenant Area (sqft):
Seating:	Thres Bldg:
Fire District:	Sq_ft:
Certificate of	Temp CO Expires in
Occupancy Issued On:	Day(s):
Temporary Certificate	Temp CO Conditions:
of Occupancy Issued	
On:	

## Contact Info

### Owner Information

Name: **ERB CHRISTINA,**  
 Address: **2800 POPLAR ST  
 SARASOTA FL 34237-7322**  
 Phone: **(941)777-7663**  
 Tenant:

Fax:

### Fee Simple Title Holder Information

Name:  
 Address: