

4-Point Inspection Form

Insured/Applicant Name: Angelat Glen Korlling Application / Policy #: _____

Address Inspected: 1755 Tonya Ln.

Actual Year Built: 1966 Date Inspected: 8/15/24

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: 200

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

Second Panel

Type: Circuit breaker Fuse

Total Amps: _____

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

Exposed wiring

Unsafe wiring

Improper breaker size

Scorching

Other (explain)

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

Completely Rewired

Supplemental information

Main Panel

Panel age: New

Year last updated: 2024

Brand/Model: GE

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

Copper

NM, BX or Conduit

4-Point Inspection Form

HVAC System

Central AC: Yes No

Central heat: Yes No

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

Are the heating, ventilation and air conditioning systems in good working order? Yes No (explain)

Date of last HVAC servicing/inspection: New

Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? Yes No

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: 2024

Year last updated: 2024

(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? 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: Garage 2024

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

	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

Age of Piping System:

New Original to home

X Completely re-piped

_____ Partially re-piped

(Provide year and extent of renovation in the comments below)

All Interior Water Lines Replaced
2024

Type of pipes (check all that apply)

Copper

PVC/CPVC

Galvanized

PEX

Polybutylene

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: Asphalt Shingle

Roof age (years): New

Remaining useful life (years): 30+

Date of last roofing permit: 3/18/24

Date of last update: 3/18/24

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: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

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 systems working properly

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.

Michael R. East

Michael R. East
Inspector Signature

owner
Title

BN5400
License Number

8/15/24
Date

AIK Inspections
Company Name

Standard Building
License Type

321-543-7019
Work Phone

Inspection Details: Electric Final Inspection

Property Address: 1755 TONYA LN, TITUSVILLE, FL 32796 | Parcel: [2104586](#)

Property Owner: KOELLING, GLEN; KOELLING, ANGELA M

Summary Information

> 0 Violation(s) Found

Inspection Information

Inspection Type	Electric Final	Status	Completed
Inspector	Not Available	Result	Approved
Scheduled Date	07/19/2024		
Completed Date	07/19/2024		

Violations

Show All

[Collapse All]

Title	Violation Type	Date Found	Corrected	Date Corrected	
No records to display.					

Associated Record Information

Record Type	Permit - Res Alterations	Record Number	PBP24-0265
Status	FINALED	Date Issued/Filed	01/30/2024

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Inspection Details: Plumbing Final Inspection

Property Address: 1755 TONYA LN, TITUSVILLE, FL 32796 | Parcel: [2104586](#)

Property Owner: KOELLING, GLEN; KOELLING, ANGELA M

Summary Information

> 0 Violation(s) Found

Inspection Information

Inspection Type	Plumbing Final	Status	Completed
Inspector	Not Available	Result	Approved
Scheduled Date	07/19/2024		
Completed Date	07/19/2024		

Violations

Show All

[Collapse All]

Title	Violation Type	Date Found	Corrected	Date Corrected	
No records to display.					

Associated Record Information

Record Type	Permit - Res Alterations	Record Number	PBP24-0265
Status	FINALED	Date Issued/Filed	01/30/2024

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Permit Details: PBP24-0669

Property Address: 1755 TONYA LN, TITUSVILLE, FL 32796 | Parcel: [2104586](#)

Property Owner: KOELLING, GLEN; KOELLING, ANGELA M

Summary Information

> 4 Inspection(s) Found

Permit Information

Number	PBP24-0669	Category	Roof
Type	Res Roof	Status	FINALED
Applied Date	02/27/2024	Expire Date	11/11/2024
Issue Date	03/18/2024	Final Date	05/15/2024
Work Description	Re-Roof - Repair from Fire Damage, 12 squares, 4/12 pitch, FL30310-R5, FL10450-R19		
Stipulations	<i>No Data to Display</i>		
Project	J24-0705		

[Go to project](#)

Inspection Information

Inspection Type	Inspector	Status	Scheduled Date	Completed Date	Result	
Roof In Progress/Dry In	<i>Not Available</i>	Completed	5/7/2024	5/7/2024	Disapproved	View
Roof In Progress/Dry In	<i>Not Available</i>	Completed	5/9/2024	5/9/2024	Disapproved	View
Roof In Progress/Dry In	<i>Not Available</i>	Completed	5/10/2024	5/10/2024	Approved	View
Roof Final	<i>Not Available</i>	Completed	5/15/2024	5/15/2024	Approved	View

Violations

Show All [Collapse All]

Title	Violation Type	Date Found	Corrected	Date Corrected	Inspection	
R905.2.8.5 Drip edge fasteners max 4" oc Shingles shall be started for this inspection (up to 25%)		5/7/2024	Yes	5/15/2024	Roof In Progress/Dry In - Completed	View
R905.2.8.5 Drip edge fasteners max 4" oc Shingles shall be started for this inspection (up to 25% allowed)		5/9/2024	Yes	5/15/2024	Roof In Progress/Dry In - Completed	View

Attachments

Date Created	Title	
2/27/2024	Recorded Notice of Commencement	View
2/27/2024	Signed Contract and/or Permit Application	View
3/18/2024	Titusville FL Permit	View

Contractor Information

Inspection Details: Roof Deck Fastener Inspection

Property Address: 1755 TONYA LN, TITUSVILLE, FL 32796 | Parcel: [2104586](#)

Property Owner: KOELLING, GLEN; KOELLING, ANGELA M

Summary Information

> 0 Violation(s) Found

Inspection Information

Inspection Type	Roof Deck Fastener	Status	Completed
Inspector	<i>Not Available</i>	Result	Approved
Scheduled Date	04/30/2024		
Completed Date	04/30/2024		

Violations

Show All

[Collapse All]

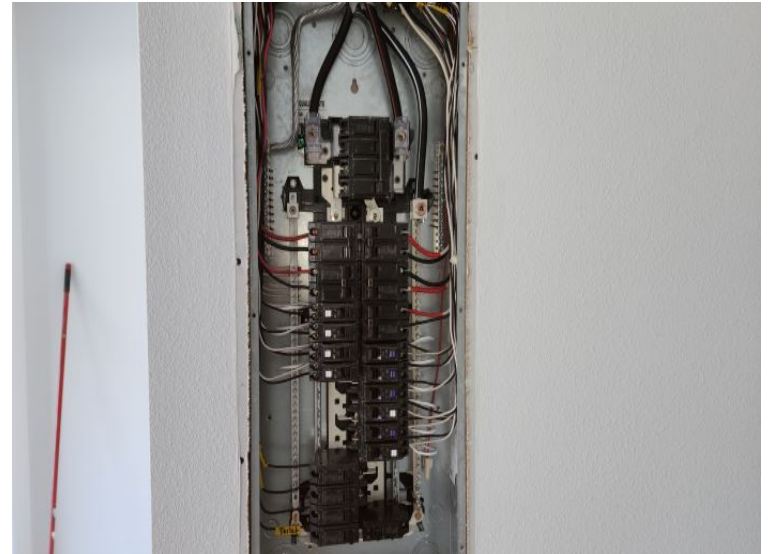
Title	Violation Type	Date Found	Corrected	Date Corrected	
No records to display.					

Associated Record Information

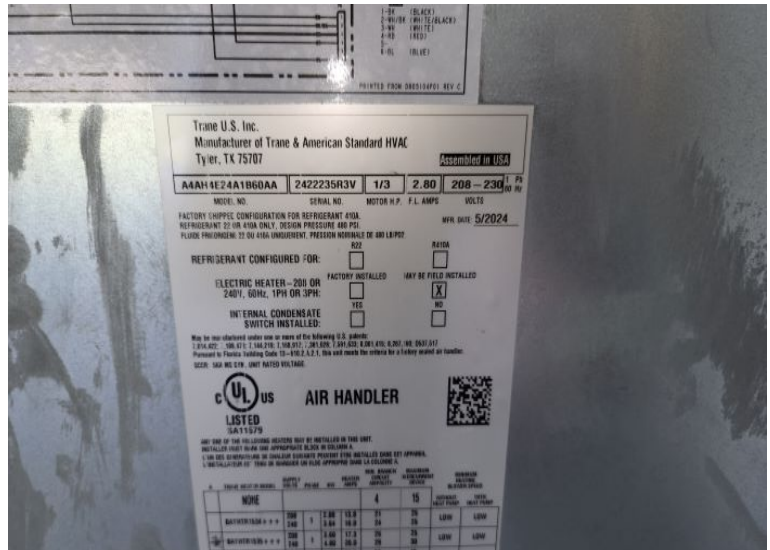
Record Type	Permit - Res Alterations	Record Number	PBP24-0265
Status	FINALED	Date Issued/Filed	01/30/2024

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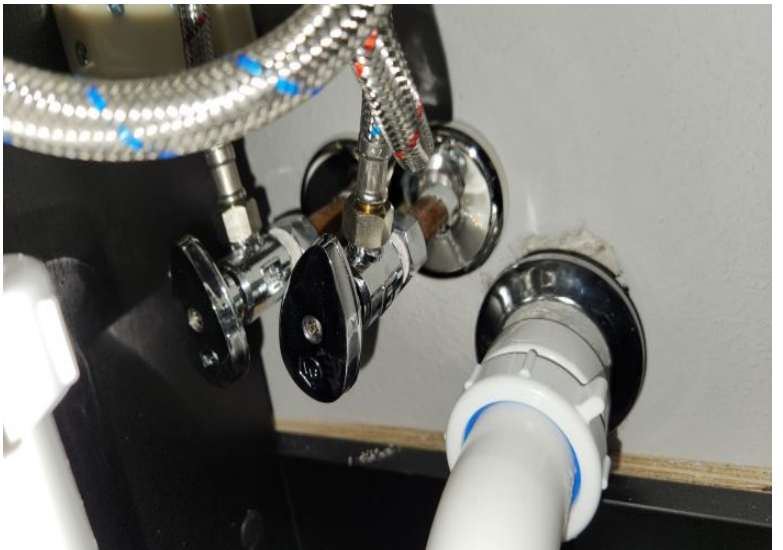
1755 Tonya Ln



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