

4 Point Inspection Form

Insured Name: Property Address: Physical Inspection Year Built: Type of Construction: Frame							
Physical Inspection Year Built: Type of Construction: Frame							
Year Built: Type of Construction: Frame Masonry Other: Foundation Type: Open Closed Slab on Grade Occupancy Type: Single Duplex Triplex Other: Number of Floors: One Two Other: Remarks: Roof Type of Covering: Permit Date or Est. Year: More than one layer: Wore than one layer: Updates Completed: Est. Remaining Life: General Condition: Excellent Good Fair Poor Roof Geometry: Hip Gable Flat Other: Visible Damage/Leaks: Yes No If yes, describe in detail below:							
Year Built: Type of Construction: Frame Masonry Other: Foundation Type: Open Closed Slab on Grade Occupancy Type: Single Duplex Triplex Other: Number of Floors: One Two Other: Remarks: Roof Type of Covering: Permit Date or Est. Year: More than one layer: Wore than one layer: Updates Completed: Est. Remaining Life: General Condition: Excellent Good Fair Poor Roof Geometry: Hip Gable Flat Other: Visible Damage/Leaks: Yes No If yes, describe in detail below:							
Type of Construction:							
Foundation Type:							
Occupancy Type: Single Duplex Triplex Other: Number of Floors: One Two Other: Remarks: Roof Type of Covering: Shingle Tile Metal Permit Date or Est. Year: Roll Roof Hot Mop Other: More than one layer: Yes No If yes, how many? Updates Completed: Full Replacement Partial Replacement; % of Replacement: Est. Remaining Life: General Condition: Excellent Good Fair Poor Roof Geometry: Hip Gable Flat Other: Visible Damage/Leaks: Yes No If yes, describe in detail below:							
Number of Floors: One Two Other: Remarks: Roof Type of Covering: Shingle Tile Metal Permit Date or Est. Year: Roll Roof Hot Mop Other: More than one layer: Yes No If yes, how many? Updates Completed: Full Replacement Partial Replacement; % of Replacement: Est. Remaining Life: General Condition: Excellent Good Fair Poor Roof Geometry: Hip Gable Flat Other: Visible Damage/Leaks: Yes No If yes, describe in detail below:							
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General Condition: Excellent Good Fair Poor Roof Geometry: Hip Gable Flat Other: Visible Damage/Leaks: Yes No If yes, describe in detail below:							
Roof Geometry:							
Visible Damage/Leaks: Yes No If yes, describe in detail below:							
- Jan							
Remarks:							
Plumbing System							
Type for Supply/Age: CPVC PVC Galv. Copper Other:							
Type for Waste/Age: CPVC PVC Galv. Cast Iron Other:							
Estimated Galv. %:							
System Updated: Yes No							
Est. Remaining Life:							
Water Heater Age:							
Water Heater Type:							
W/H Location:							
General Condition: Excellent Good Fair Poor							
Any Visible Leaks or							
Deficiencies:							
Remarks:							

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Heating System Type:			Is source portable? Yes No N/A				
Estimated Age:							
General Condition:	Excellent Go	ood	Poor				
System up to Code:	Yes No	If no, c	lescribe in d	etail below:			
Fireplace:	Yes No;	Gas	Wood	Electric			
Hazards or deficiencies:	Yes No	If yes,	describe in d	letail below:			
Remarks:							
Electrical System							
Name Brand of	Main (1):	Am	· ·	Sub (1): Amps:			
Electrical Panel(s):	Main (2):	Am	-	ub (2): Amps:			
, ,	Main (3):	b (3):	Amps:				
	Main (3): Amps: Sub (3): Amps: Main (4): Amps: Sub (4): Amps:						
Type of Service:	Circuit Breaker	r					
Type of Wiring:	Copper Al	uminum 🗌	Romex	BX Cable C	onduit Cloth	ì	
Aluminum Branch	Yes No If yes, provide remediation details below:						
Wiring?	AlumiConn COPALUM Crimp Entire home rewired w/ Copper, or None						
System Updated:	Yes No If yes, please provide approximate year and list all updates.						
Year:	Main Panel Sub Panel Appliances Service Feed Wiring %						
Year:	Main Panel Sub Panel Appliances Service Feed Wiring %					_%	
Year:	Main Panel Sub Panel Appliances Service Feed Wiring %						
Year:	■ Main Panel ■ Sub Panel ■ Appliances ■ Service Feed ■ Wiring						
Est. Remaining Life:							
General Condition:							
<u> </u>							
Does the service meet local code?			Yes	No			
Is the service sufficient for the load requirement?			Yes	No			
Is the system properly grounded?			☐ Yes	No			
Is there any visible hazards or deficiencies present?			Yes	No If yes, o	lescribe in detail	below:	
Is there any visible KNOB & TUBE wiring?			Yes	No			
Is there any visible KNOB & TUBE wiring in use?			Yes	No			
Remarks:			<u> </u>				
I certify that I personally inspe	cted the premises at the lo	ocation address lis	sted above on th	e inspection date noted	d. I certify that the ab	oove	
statements are true and correct	*			1	J		
IN MCO							
Jely Milve	Date:			I DMC	O Comptunistic of C. I.		
		LEMCO Construction Co. Inc. DBA LEMCO Inspections					
Home Inspector License #:		2117 W. Sewaha St. Tampa, FL. 33612					
				PH: (813) 932-8515			
				F: (813) 932-0602		

Rev. 08/2012 | This report is a statement of observations of type and estimated ages of the systems described above. There are no warranties or guarantees implied or assumed in relation to this report. Lemco Construction Company, Inc. DBA Lemco Inspections or its owners assume NO liabilities for any claim that may ever arise in connection with this report or inspection.