(Your company slogan)	
(Your company address)	
(Your company phone numbers	;)

Inspection	#:
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Date of Inspection:

EXTERIOR COMPONENT REPORT						
Customer's Name:				Contact:		
Broporty Addross:						
Property Address:				—		
				—		
				—		
	ne areas due to foll	iage, plaster or pai	nting, the Inspec	xisting conditions of the exterior components. As all areas of the exterior are not ctor cannot guarantee against hidden defects, structural damage or repairs.		
				Y (30) DAYS FROM INSPECTION DATE.		
				NENT OBSERVATIONS		
Wall cladding	metal		wood [masonry		
Trim / facia / soffit	metal]wood [other :		
Entry doors	metal []steel [aluminum & glass		
Prime windows	님 님	= $=$				
	metal	vinyl	_wood [
Patio doors	metal [wood	single glass double glass type :		
Garage doors	metal		fiberglass	fiberboard none noted		
Shutters	panels	wood	roll up	accordion none noted		
CO	NDITION OF C	OMPONENTS				
ITEM	BELOW AV	AVERAGE	ABOVEAV	Wood deterioration at:		
Wall cladding			1			
Trim / facia / soffit						
Entry doors						
Prime windows						
Patio doors Garage doors				Limits View Yes No		
Shutters				-		
Driveway / walks				Adequate drainage Yes No		
Steps / railings						
Porch / balcony				Garage door opener Yes No		
Deck / patio Retaining walls				Safety reverse stop Yes No		
Retaining waits						
Observations:		ł	•	_		
		• •		(Your company name) and that, by the signature hereinafter made,		
(Your company name), is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the						
				sent or prospective, in the property, buyer, seller, broker, mortgage stem as of this date is warranted by this inspection.		
			,			
Signature of Inspecto	Signature of Inspector: Date:					

(Your company slogan) (Your company address) (Your company phone numbers,

Date of Inspection:

(Your compan	y phone numbe	rs)				
		AIR CON	IDITIONING C	OMPONENT REPORT		
Customer's Name:				Contact:		
Property Address:						
air conditioning system	n are not accessibly visit den defects, damage or	ole in some area repairs.	s due to lack of ac	ing conditions of the air conditi cessibility, insulation or otherw (30) DAYS FROM INSPEC	ise being conceal	
		AIR CONDIT	IONING COMF	PONENT OBSERVATION	NS	
					_	
Type of Cooling	electrical split sy	'stem	elec package sy	/stem	heat pump	heat pump package
Type of Fuel	electric	L.P. gas	nat. gas	other		
Distribution	ductwork	metal	fiberglass	flexible	undetermine	d condo unit
Heat strip	none	yes kw		_		
No. of units on site.						
CC	DNDITION OF COM	IPONENTS				
ITEM	BELOW AV	AVERAGE	ABOVE AV	Make of Unit		
Exterior casing				Approximate age		
Exterior fins Refrigerant lines				Approximate capacity		
Insulation				Functioning?	Yes	No
Interior ducts						
Condensate drain				Adequate Cooling?	Yes	No
Thermostat				5 I I I I I I I I I I I I I I I I I I I		
Elect. Disconnect				Unusual Conditions?	Yes	No
				Temp @ Difuse	er	
				Temp @ Retur		
				Δ Temperatur	re	
Observations						
				mpany name) and that, by t		
				certification. This report ex		
				t or prospective, in the prop m as of this date is warrante		
Signature of Inspect	.01.			Date:		

(Your company slogan) (Your company address) (Your company phone numbers)

Date of Inspection:

	INSULATION & VENTILATION COMPONENT REPORT
Customer's Name:	Contact:
Property Address:	
	the best of our ability and professional belief on the existing conditions of the insulation and ventilation components. As all areas of ion are not accessibly visible in some areas due to lack of accessibility or otherwise being concealed, the Inspector cannot guarantee THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.
	INSULATION & VENTILATION COMPONENT OBSERVATIONS
Visible insullation	cellulose fiberglass foam Amount in inches
How applied	roll / batt loose fill rigid other
Visible vap Barrier	paper plastic foil other
	no attic insulation was noted due to obstructed attic access

C0	NDITION OF CO	MPONENTS		
ITEM	BELOW AV	AVERAGE	ABOVE AV	Is there any reason to suspect inadequate ventilation?
Insulation				Yes No
Attic vents				
Foundation vents				Are vapor barriers / insullation missing or improperly installed?
Kitchen fans				Yes No
Bath fans				
Dryer vent				Is there any exposed paper or foam?
				Yes No
				Comments:
Observations:				

I certify that I am authorized to sign this inspection on behalf of (*Your company name*) and that, by the signature hereinafter made, (*Your company name*), is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the above noted components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

(Your company slogan) (Your company address) (Your company phone numbers)

Date of Inspection:

			PLUMBING (COMPO	DNENT REPORT			
Customer's Name:					Contact:			
Property Address:								
system are not access	This is a report made to the best of our ability and professional belief on the existing conditions of the plumbing components. As all areas of the plumbing system are not accessibly visible in some areas due to lack of accessibility, insulation or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.							
PLUMBING COMPONENT OBSERVATIONS								
	_				INT OBSERVATIONS			
Visible supply lines	copper	plastic	lead		galvanized			
Visible waste lines	copper	plastic	lead		Cast Iron			
Water heater	electric	gas	oil		Other :			
Waste disposal	sewer	septic						
				1	Water Heater			

	NDITION OF CO	MPONENTS		vvater Heater
ITEM	BELOW AV	AVERAGE	ABOVE AV	Make of Unit
Supply lines				Approximate age
D / W / V lines				Approximate capacity
Pressure				
Drainage				Pressure relief valve? Yes No
Exterior faucets				
Sump pump				Any leaks noted? Yes No
Fuel supply / lines				
Fuel lines				Unusual Conditions? Yes No
Chimney connect				
Casing				Comments:
Tank bottom				
Temp control				
	·			

I certify that I am authorized to sign this inspection on behalf of (Your company name) and that, by the signature hereinafter made, (Your company name), is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the above noted components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

(Your company slogan) (Your company address) (Your company phone numbers)

Inspection a	#:
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Date of Inspection:

		S	TRUCTURAL	COMPONENT REPORT	F	
Customer's Name:	:			Con	tact:	
Property Address:						
This is a report made	e to the hest of our a	ability and profess	sional belief on th	e existing conditions of the stru		As all areas of the structure
				ng, the Inspector cannot guara		
or repairs. No inspe	ction has been mad	e for such structu	ural defects as wo	ould require engineering skill pr	actices.	
	THI	S REPORT IS	VALID FOR TH	IRTY (30) DAYS FROM INS	SPECTION DATE.	
		STRU	CTURAL CO	MPONENT OBSERVATI	ONS	
Wall	concrete	C.M.U.	wood	plaster & wood	other :	
-loors	concrete	wood	plywood	T & G decking	other :	
Joists	2 X 8	timbers	pre-cast	trusses	other :	
Beams	wood	timbers	steel	concrete	other :	
Columns	steel	wood	concrete	other	other :	
Roof	gable	hip	shed	flat	other :	
Sheathing	plywood	gypsum	0.S.B.	T & G decking	other :	
C	CONDITION OF	COMPONEN	TS	Approximate age of	building	
ТЕМ	BELOW A	V AVERA	GE ABOVE		_	
-oundation -loors				Requires	repairs	replacement
Valls				Crawlspace entered	I Yes	No: n/a
Columns						
Beams				Attic entered	Yes	No : limited acces
loists						
Ceilings				Condensation?	Yes	No
Rafters						
Trusses				Water penetration?	Yes	No
Sheathing						
Patio Slab				Comments:		
	I		I			

or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

(Your company slogan) (Your company address) (Your company phone numbers)

Date of Inspection:

ELECTRICAL COMPONENT REPORT Customer's Name: Contact: Property Address: This is a report made to the best of our ability and professional belief on the existing conditions of the electrical components. As all areas of the electrical system are not accessibly visible in some areas due to insulation or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE. **ELECTRICAL COMPONENT OBSERVATIONS** Service entrance overhead underground Condominium unit other Overcurrent device fuse breaker **Overcurrent Rating** Grounding location waterpipe power company Condominium unit rod Branch protection fuse breaker wire: copper aluminum 120 volt circuits 15 amp 20 amp 240 volt circuits range: amp dryer: amp water heater: amp A/C: amp CONDITION OF COMPONENTS Main Panel Location:

BELOW AV	AVERAGE	ABOVE AV	Panel Rating
			Conductor size
			GFCI's functioning Yes No
			Aluminum wiring Yes No
			Knob & tube wiring Yes No
			Sub-panels Yes No
			Comments:
	BELOW AV	BELOW AV AVERAGE	BELOW AV AVERAGE ABOVE AV

I certify that I am authorized to sign this inspection on behalf of *(Your company name)* and that, by the signature hereinafter made, *(Your company name)*, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the above noted components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

(Your company slogan)

Inspection #:	
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Date of Inspection:

			RO	OF R	EPORT
Contractor's Name	e:				
Customer's Name:					Contact:
Property Address:					
Topenty Address.					
		THIS IS /	A ROOF REPO	ORT N	IOT A ROOF GUARANTEE
					ing conditions of the roof coverings. As all areas of the roof and attic are
-				as due	to coverings such as tiles, shingles, and other coatings. The contractor
cannot guarantee agai	inst hidden defects	, tuture leaks or re	epairs.		
	THIS	REPORT IS V	ALID FOR TH	RTY ((30) DAYS FROM INSPECTION DATE.
					TORSERVATIONS
		RU			TOBSERVATIONS
nspection method	on roof	at eaves	ground		other
/isible coverings	tile	shingle	gravel		roll roofing
Gutters	aluminum	copper	plastic		none
Flashing	metal	asphalt	rolled		concealed
Chimneys	 # noted	 metal	masonry		wood wire / stucco
-					
Plumbing vents	# noted	PVC	lead		galvanized cast iron
Attic vents	soffit	roof	ridge		gable other :
C(c	1	Approx. ago of roof:
TEM	BELOW AV			AV	Approx. age of roof:
#1 Roof Covering					Needs: Repair Replacement
#2 Roof Covering				-	
#3 Roof Covering					Other:
Valleys					
Gutters					Any sign of leaks? Yes No
Downspouts					
Splashblocks					Comments:
Flashing					
Skylights	_				
Chimney					
Plumbing vents					
Ventilation					

I certify that I am authorized to sign this inspection on behalf of (Your company name) and that, by the signature hereinafter made, (Your company name), is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the above noted components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

(Your company slogan) (Your company address) (Your company phone numbers)

Inspection #	# :
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Date of Inspection:

OTHER ADDITIONALCOMMENTS

Customer's Name:

Contact:

Property Address:

This is a report made to the best of our ability and professional belief on the existing conditions of the components. As all areas are not accessibly visible due to lack of access or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

urther certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved	ADDITIONAL COMMENTS AND OBSERVATIONS
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n the transaction. Only the condition of the system as of this date is warranted by this inspection.	is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the above noted components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

(Your company slogan)

(Your company address)

(Your company phone numbers)

Inspection #:

Date of Inspection:

INTERIOR COMPONENT REPORT

Client's Name:

Contact:

Property Address:

This is a report made to the best of our ability and professional belief on the existing conditions of the interior components. As all areas of the interior are r accessibly visible in some areas due to lack of access, furnishings or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices. THIS REPORT IS VALID FOR THRITY (30) DAYS FROM INSPECTION DATE.

INTERIOR COMPONENT OBSERVATIONS

CONDITION OF COMPONENTS				CONDITION OF COMPONENTS			
ITEM	BELOW AV	AVERAGE	ABOVE AV	ITEM	BELOW AV	AVERAGE	ABOVE AV
Kitchen / Dining				Living Room			
Walls / ceilings				Walls / ceilings			
Floor				Floor			
Cabinets				Electrical			
Counters				Door / window			
Sink				Heat source			
Plumbing				Family Room			
Electrical				Walls / ceilings			
Door / window				Floor			
Heat source				Electrical			
Bathrooms				Door / window			
Walls / ceilings				Heat source			
Vanity /basin				Bedrooms			
Tub / shower				Walls / ceilings			
Toilet				Floor			
Plumbing				Electrical			
Electrical				Door / window			
Door / window				Heat source			
Heat source							
Proper laundry hook-up? Yes No Dryer Gas No Electric Are there any signs of leaks or abnormal condensation? Yes No Do steps, stairs, balconies or railings require repair Are house / garage / "party separation surfaces complete? Yes No Yes No							railings require repair?]
Observations:							
is duly bound by t	he terms and c	onditions of the	certification. Th	C.I.C., Inc. and that, iis report expresses ne property, buyer, s	no guarantee	on the exterior o	components. I

further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other part in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector:

Date: