



Fleet Inspections



Broward - Palm Beach - Miami Dade - Martin - St. Lucie

(954)752-9443 (888)505-0828

info@fleet-inspections.com www.fleet-inspections.com



4 Point Inspection

6/30/2026

ABIGAIL CHARLES



1030 NW 32 ST Unit 1, MIAMI FL 33127



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IMPORTANT! Special Attention

Insurance related inspection reports solely reflect observations mandated by state-regulated forms and rules.

Please know that we conduct inspections in strict compliance with Florida's state-regulated forms and rules for insurance requirements. These forms outline specific questions and require photographs during our inspections. All reported findings or potential issues align with these mandated requirements. Deviation from these guidelines could impact report validity and result in the inspection report being rejected & not accepted by the carrier, delaying the insurance process and potentially affecting your coverage.

While our reports identify potential issues as per the forms, it is the responsibility of the insured to consult with their insurance agent regarding implications for coverage and rates.

DUE TO INSURANCE LIABILITY REASONS WE ARE UNABLE TO ADVISE OR MAKE RECCOMENDATIONS REGARDING REPAIRS OR INSURANCE COVERAGE.

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PLEASE CONSULT WITH AN AUTHORIZED INSURANCE COMPANY REPRESENTATIVE REGARDING INSURANCE ELIGIBILITY.

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Summary /Page

Includes Observed Deficiencies If Applicable

IT IS RECOMMENDED THAT ALL NOTED DEFICIENCIES BE REPAIRED OR REPLACED AS NEEDED BY A LICENSED PROFESSIONAL.

ELECTRICAL	☒	Satisfactory	☐	Unsatisfactory
H.V.A.C.	☒	Satisfactory	☐	Unsatisfactory
PLUMBING	☒	Satisfactory	☐	Unsatisfactory
ROOF / PREDOMINANT	☒	Satisfactory	☐	Unsatisfactory
ROOF / SECONDARY (if applicable)	☐	Satisfactory	☐	Unsatisfactory



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4 POINT INSPECTION

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This 4-Point Inspection Form includes the minimum data required for Underwriting consideration and evaluation.

Photo Requirements

- * Dwelling: Each side* Roof: Each side / Each Roof Slope
- * Plumbing: Water heater (incl TPRV), under cabinet plumbing/drains, exposed valves
- * Main electrical service panel with interior door label
- * H.V.A.C. equipment, including dated manufacturer's plate
- * All hazards or deficiencies noted in this report

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. Examples include:

- * A general, residential, or building contractor
- * A building code inspector
- * A home inspector

Note: A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. Acceptable Condition means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the 4-Point Inspection Form must be completed with full details/descriptions if any of the following are noted on the inspection:

- * Updates: Identify the types of updates, dates completed and by whom
- * Any visible hazards or deficiencies
- * Any system determined not to be in good working order

Note to All Agents

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Insured/Applicant Name:

ABIGAIL CHARLES

Application / Policy #:

Address Inspected:

1030 NW 32 ST Unit 1, MIAMI FL 33127

Actual Year Built:

1930

Date Inspected: 6/30/2026

Minimum Photo Requirements:

* Dwelling: Each side

* Roof: Each slope

* Plumbing: Water heater (Incl TPRV), 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

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Electrical System:

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

Main Panel

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 100

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 & Tube

☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):

☐ Connections repaired via COPALUM crimp

☐ Connections repaired via AlumiConn

* If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided.

Hazards Present (Indicate presence of any of the following)

☐ Blowing Fuses

☐ Empty Breaker Sockets

☐ Double Taps

☐ Unsafe Wiring

☐ Improper Ground

☐ Loose Wiring

☐ Other

☐ Tripping Breakers

☐ Improper Breaker Size

☐ Exposed Wiring

☐ Over-Fusing

☐ Corrosion

☐ Scorching

General condition of the electrical system:

☒ Satisfactory

☐ Unsatisfactory

Supplemental information

Main Panel

Panel age: (years)

4

Year last updated:

2022

Brand/Model:

GE

Second Panel

Panel age: (years)

Year last updated:

Brand/Model:

Wiring Types

☒ Copper

☐ Single Strand AL

☐ MN, BX or Conduit

☐ Multistrand AL

☐ Copper Clad AL

☐ Cloth (Knob & Tube)

☐ Other

☐ Cloth Jacket Rubber Insulated



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Insured/Applicant Name: **ABIGAIL CHARLES**

Address Inspected: **1030 NW 32 ST Unit 1, MIAMI FL 33127**

Actual Year Built: **1930**

Date Inspected: **6/30/2026**

Email Address: **ben@iconrealty.com**

Application/Policy #:

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HVAC System

Photo Requirements: Dwelling: Each side - H.V.A.C.equipment, including dated manufacturer's plate - All hazards or deficiencies

Central AC: ☐ Yes ☒ No

Central Heat ☐ Yes ☒ No

If not central heat, indicate primary heat source and fuel type: Wall units

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No

Date of last HVAC servicing/inspection:

Hazards Present

Is a wood-burning stove or central gas fireplace present? ☐ Yes ☒ No

Was it 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: (years) Est 8

Year last updated: 2018

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)



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Plumbing System

Photo Requirements: Dwelling: Each side - Water heater, under cabinet plumbing/drains, exposed valves - All hazards or deficiencies

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: **Outdoor closet**

General condition of the water heater(s) plumbing fixtures and connections to appliances:

Dishwasher	☐ Satisfactory	☐ Unsatisfactory	☒ N/A	Main shut-off valve	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Refrigerator	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Washing Machine:	☐ Satisfactory	☐ Unsatisfactory	☒ N/A
Sinks	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Water Heater	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Toilets	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Showers/Tubs	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Sump Pump	N/A	N/A	N/A	All other visible	☒ Satisfactory	☐ Unsatisfactory	☐ N/A

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.)

Supplemental Information

Age of Piping Supply System:		Age of Piping drain System		Type of pipes (check all that apply)	
Original to home	96	Original to home	96	☒ Copper	☐ ABS
Completely re-piped	N/A	Completely re-piped	N/A	☒ PVC/CPVC	☐ PEX
Partially re-piped	Est 2016	Partially re-piped	Est 2016	☐ Galvanized	PEX year Installed
Age of Water Heater	12			☐ Cast Iron	
				☐ Polybutylene	

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

Supply lines and P Traps were replaced in est 2016



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Date Inspected: **6/30/2026**

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Roof

Photo Requirements: Each roof slope - All hazards or deficiencies (this section can take the place of the Roof Inspection Form)

Building Permit Data: If Applicable, Buildfax &/Or Appropriate Municipality PDF Report Attached Separately

Predominant Roof

Covering material: **Built Up / Smooth**

Roof age (years) **12**

Remaining useful life (years): **6**

Date of last roofing permit: **09/05/2014**

Date of last update: **2026**

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% of replacement:

100

Overall condition:

☒ Satisfactory ☐ Unsatisfactory

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 (If "yes" explain below)

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

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 (If "yes" explain below)

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



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4 POINT INSPECTION

SIGNATURE PAGE

ADDRESS

1030 NW 32 ST Unit 1, MIAMI FL 33127

DATE

6/30/2026

Additional Comments/Observations (use additional pages if needed)

Flat roof was sealed in 2026.

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.

Steve Mulkay - Home Inspector LICENSE #: HI11831

Tel: (954) 752-9443

Company: Fleet Inspections

Inspector Signature:

Please consult with an authorized insurance company representative regarding insurance eligibility.

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DURING STORM/HURRICANE CONDITIONS ARE NOT GUARANTEED BY THIS REPORT EITHER. LIABILITY OF THIS REPORT IS LIMITED TO THE COST THIS REPORT AND CANNOT EXCEED \$125. NEITHER THIS COMPANY NOR ANY OF ITS REPRESENTATIVES ARE LIABLE FOR THE FINDINGS OR LACK OF THE FINDINGS OF THIS REPORT. THIS REPORT IS PREPARED FOR THE BENEFIT OF THE HOMEOWNER; THEREFORE, HOMEOWNER AGREES NOT TO BRING ACTION AGAINST THIS FIRM BEYOND 30 DAYS FROM THE COMPLETION OF THE REPORT. ACCEPTANCE OF THIS REPORT SHALL CONSTITUTE AGREEMENT OF THESE CONDITIONS.

**AUTHORIZED FLEET INSPECTIONS PERSONNEL TO PERFORM ALL VERIFICATION. PHOTOS WILL NOT BE ACCEPTED FROM ANY OUTSIDE SOURCE..
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ELEVATION





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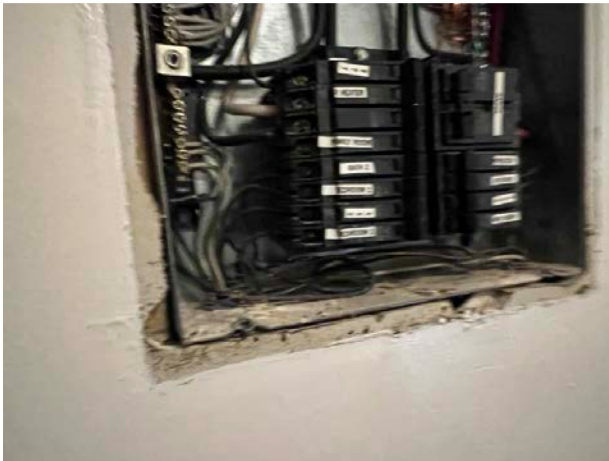
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BREAKER PANEL 1





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HVAC 1





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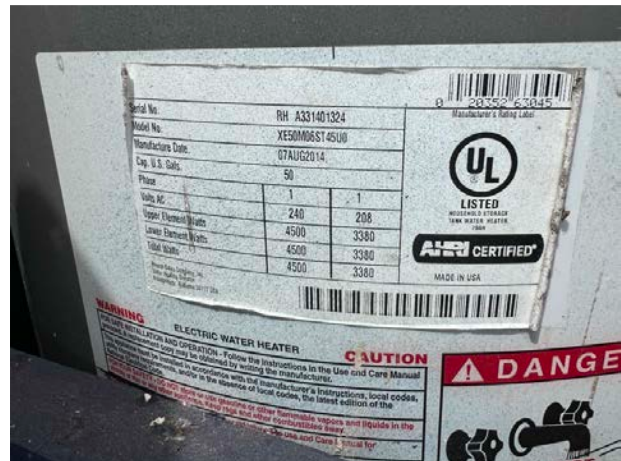
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WATER HEATER(S)





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Master Bath





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Kitchen





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Main Roof





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PERMITS (if applicable)

Fleet Inspections provides inspection information, utilizing BuildFax by Verisk and, where feasible, checks local (city, township, or county) sites for permit details.

Limitation: Accessing detailed permit information can be extremely time-consuming due to site limitations, registration requirements, and inconsistent data entry. Consequently, there may be cases where permit details, including final dates or statuses, are not obtained.

Scope: Our process includes a basic check for permit information when easily accessible without registration or extensive time investment. We provide a permit number, when available, to facilitate further verification.

Responsibility: Should additional permit details be required, it is the responsibility of the client/homeowner to contact the issuing municipality directly—online, by phone, or in person. Fleet Inspections' role does not extend to exhaustive searches for permit details not readily available or provided by BuildFax. This detailed verification lies with the client or underwriting department.

1030 NW 32 ST Unit 1, MIAMI FL 33127	
 ROOF 1030 NW 32ND ST MIAMI FL 33127	 
Permit #	BD14-010042-001-BR001
Type	BUILDING ROOFING
Permit status	Final
Applied date	2014-09-05
Contractor	JOCONS LLC
Description: FLAT ROOF	



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4 Point Inspection

6/30/2026

ABIGAIL CHARLES



1030 NW 32 ST Unit 2, MIAMI FL 33127



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1930

Date Inspected: 6/30/2026

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* Roof: Each slope

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☐ Empty Breaker Sockets

☐ Double Taps

☐ Unsafe Wiring

☐ Improper Ground

☐ Loose Wiring

☐ Other

☐ Tripping Breakers

☐ Improper Breaker Size

☐ Exposed Wiring

☐ Over-Fusing

☐ Corrosion

☐ Scorching

General condition of the electrical system:

☒ Satisfactory

☐ Unsatisfactory

Supplemental information

Main Panel

Panel age: (years)

4

Year last updated:

2022

Brand/Model:

GE

Second Panel

Panel age: (years)

Year last updated:

Brand/Model:

Wiring Types

☒ Copper

☐ Single Strand AL

☐ MN, BX or Conduit

☐ Multistrand AL

☐ Copper Clad AL

☐ Cloth (Knob & Tube)

☐ Other

☐ Cloth Jacket Rubber Insulated



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Insured/Applicant Name: **ABIGAIL CHARLES**

Address Inspected: **1030 NW 32 ST Unit 2, MIAMI FL 33127**

Actual Year Built: **1930**

Date Inspected: **6/30/2026**

Email Address: **ben@iconrealty.com**

Application/Policy #:

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.

HVAC System

Photo Requirements: Dwelling: Each side - H.V.A.C.equipment, including dated manufacturer's plate - All hazards or deficiencies

Central AC: ☐ Yes ☒ No

Central Heat ☐ Yes ☒ No

If not central heat, indicate primary heat source and fuel type: Wall units

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No

Date of last HVAC servicing/inspection:

Hazards Present

Is a wood-burning stove or central gas fireplace present? ☐ Yes ☒ No

Was it 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: (years) Est 8

Year last updated: 2018

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)



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Email Address: **ben@iconrealty.com**

Application/Policy #:

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Plumbing System

Photo Requirements: Dwelling: Each side - Water heater, under cabinet plumbing/drains, exposed valves - All hazards or deficiencies

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: **Closet**

General condition of the water heater(s) plumbing fixtures and connections to appliances:

Dishwasher	☐ Satisfactory	☐ Unsatisfactory	☒ N/A	Main shut-off valve	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Refrigerator	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Washing Machine:	☐ Satisfactory	☐ Unsatisfactory	☒ N/A
Sinks	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Water Heater	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Toilets	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Showers/Tubs	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Sump Pump	N/A	N/A	N/A	All other visible	☒ Satisfactory	☐ Unsatisfactory	☐ N/A

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.)

Supplemental Information

Age of Piping Supply System:	Age of Piping drain System	Type of pipes (check all that apply)
Original to home 96	Original to home 96	☒ Copper ☐ ABS
Completely re-piped N/A	Completely re-piped N/A	☒ PVC/CPVC ☐ PEX
Partially re-piped Est 2016	Partially re-piped Est 2016	☐ Galvanized ☐ PEX year Installed
Age of Water Heater 11		☐ Cast Iron
		☐ Polybutylene

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

Supply lines and P Traps were replaced in est 2016



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Insured/Applicant Name: **ABIGAIL CHARLES**

Address Inspected: **1030 NW 32 ST Unit 2, MIAMI FL 33127**

Actual Year Built: **1930**

Date Inspected: **6/30/2026**

Email Address: **ben@iconrealty.com**

Application/Policy #:

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Roof

Photo Requirements: Each roof slope - All hazards or deficiencies (this section can take the place of the Roof Inspection Form)

Building Permit Data: If Applicable, Buildfax &/Or Appropriate Municipality PDF Report Attached Separately

Predominant Roof

Covering material: **Built Up / Smooth**

Roof age (years) **12**

Remaining useful life (years): **6**

Date of last roofing permit: **09/05/2014**

Date of last update: **2026**

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% of replacement:

100

Overall condition:

☒ Satisfactory ☐ Unsatisfactory

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 (If "yes" explain below)

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

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 (If "yes" explain below)

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



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4 POINT INSPECTION

SIGNATURE PAGE

ADDRESS

1030 NW 32 ST Unit 2, MIAMI FL 33127

DATE

6/30/2026

Additional Comments/Observations (use additional pages if needed)

Flat roof was sealed in 2026.

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.

Steve Mulkay - Home Inspector LICENSE #: HI11831

Tel: (954) 752-9443

Company: Fleet Inspections

Inspector Signature:

Please consult with an authorized insurance company representative regarding insurance eligibility.

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.

THIS IS NOT A GUARANTEE . IT IS ONLY AN INSPECTION OF WHAT IS VISIBLE AND ACCESSIBLE AT THE THIS TIME. PERFORMANCE OF ELEMENTS INSPECTED AT THIS TIME

DURING STORM/HURRICANE CONDITIONS ARE NOT GUARANTEED BY THIS REPORT EITHER. LIABILITY OF THIS REPORT IS LIMITED TO THE COST THIS REPORT AND CANNOT EXCEED \$125. NEITHER THIS COMPANY NOR ANY OF ITS REPRESENTATIVES ARE LIABLE FOR THE FINDINGS OR LACK OF THE FINDINGS OF THIS REPORT. THIS REPORT IS PREPARED FOR THE BENEFIT OF THE HOMEOWNER; THEREFORE, HOMEOWNER AGREES NOT TO BRING ACTION AGAINST THIS FIRM BEYOND 30 DAYS FROM THE COMPLETION OF THE REPORT. ACCEPTANCE OF THIS REPORT SHALL CONSTITUTE AGREEMENT OF THESE CONDITIONS.

**AUTHORIZED FLEET INSPECTIONS PERSONNEL TO PERFORM ALL VERIFICATION. PHOTOS WILL NOT BE ACCEPTED FROM ANY OUTSIDE SOURCE..
IT IS RECOMMENDED THAT ALL NOTED DEFICIENCIES OR OTHER NOTED OBSERVATIONS BE INSPECTED, REPAIRED OR REPLACED AS NEEDED BY
A LICENSED PROFESSIONAL**



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6/30/2026

1030 NW 32 ST Unit 2, MIAMI FL 33127

ELEVATION



2296D5AD-9D29-4595-98C4-F6A249EB63BC



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BREAKER PANEL 1





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HVAC 1





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WATER HEATER(S)





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Master Bath





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Kitchen





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MAIN SHUT-OFF





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Main Roof





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PERMITS (if applicable)

Fleet Inspections provides inspection information, utilizing BuildFax by Verisk and, where feasible, checks local (city, township, or county) sites for permit details.

Limitation: Accessing detailed permit information can be extremely time-consuming due to site limitations, registration requirements, and inconsistent data entry. Consequently, there may be cases where permit details, including final dates or statuses, are not obtained.

Scope: Our process includes a basic check for permit information when easily accessible without registration or extensive time investment. We provide a permit number, when available, to facilitate further verification.

Responsibility: Should additional permit details be required, it is the responsibility of the client/homeowner to contact the issuing municipality directly—online, by phone, or in person. Fleet Inspections' role does not extend to exhaustive searches for permit details not readily available or provided by BuildFax. This detailed verification lies with the client or underwriting department.

1030 NW 32 ST Unit 2, MIAMI FL 33127		BUILD FAX
	ROOF	 
1030 NW 32ND ST MIAMI FL 33127		
Permit #	BD14-010042-001-BR001	
Type	BUILDING ROOFING	
Permit status	Final	
Applied date	2014-09-05	
Contractor	JOCONS LLC	
Description: FLAT ROOF		



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4 Point Inspection

6/30/2026

ABIGAIL CHARLES



1030 NW 32 ST Unit 3, MIAMI FL 33127



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IMPORTANT! Special Attention

Insurance related inspection reports solely reflect observations mandated by state-regulated forms and rules.

Please know that we conduct inspections in strict compliance with Florida's state-regulated forms and rules for insurance requirements. These forms outline specific questions and require photographs during our inspections. All reported findings or potential issues align with these mandated requirements. Deviation from these guidelines could impact report validity and result in the inspection report being rejected & not accepted by the carrier, delaying the insurance process and potentially affecting your coverage.

While our reports identify potential issues as per the forms, it is the responsibility of the insured to consult with their insurance agent regarding implications for coverage and rates.

DUE TO INSURANCE LIABILITY REASONS WE ARE UNABLE TO ADVISE OR MAKE RECCOMENDATIONS REGARDING REPAIRS OR INSURANCE COVERAGE.

For legal and ethical reasons, we must emphasize the necessity of consulting with a licensed professional should further evaluation or action be deemed necessary by the insured.

We kindly request that you refrain from sending repair photos, as Fleet Inspections cannot accept photos for repairs from external sources. All photos must be obtained directly by Fleet Inspections.

Be aware that inspectors are strictly prohibited from altering any information, ensuring complete adherence to regulations

The decision to submit completed inspection reports will be at the discretion of the client. You will have an opportunity to make corrections or repairs if any issues are observed. Please consider the initial inspection as preliminary. If you are collaborating with an agent, you can inform them during the report review about your intention to make corrections. If any repairs are made, the insurance company may accept photos and/or repair invoices along with the original report. However, if the insurance company does not accept such additional documentation, Fleet Inspections will need to charge a fee for an updated inspection, starting at \$55.00.

For all insurance coverage questions, please contact an authorized insurance company representative.

PLEASE CONSULT WITH AN AUTHORIZED INSURANCE COMPANY REPRESENTATIVE REGARDING INSURANCE ELIGIBILITY.

IT IS RECOMMENDED THAT ALL NOTED DEFICIENCIES OR OTHER NOTED OBSERVATIONS BE INSPECTED, REPAIRED OR REPLACED AS NEEDED BY A LICENSED PROFESSIONAL

For the quickest response please email report related questions to: **info@fleet-inspections.com**



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Summary /Page

Includes Observed Deficiencies If Applicable

IT IS RECOMMENDED THAT ALL NOTED DEFICIENCIES BE REPAIRED OR REPLACED AS NEEDED BY A LICENSED PROFESSIONAL.

ELECTRICAL	☒	Satisfactory	☐	Unsatisfactory
H.V.A.C.	☒	Satisfactory	☐	Unsatisfactory
PLUMBING	☒	Satisfactory	☐	Unsatisfactory
ROOF / PREDOMINANT	☒	Satisfactory	☐	Unsatisfactory
ROOF / SECONDARY (if applicable)	☐	Satisfactory	☐	Unsatisfactory



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4 POINT INSPECTION

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.

This 4-Point Inspection Form includes the minimum data required for Underwriting consideration and evaluation.

Photo Requirements

- * Dwelling: Each side* Roof: Each side / Each Roof Slope
- * Plumbing: Water heater (incl TPRV), under cabinet plumbing/drains, exposed valves
- * Main electrical service panel with interior door label
- * H.V.A.C. equipment, including dated manufacturer's plate
- * All hazards or deficiencies noted in this report

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. Examples include:

- * A general, residential, or building contractor
- * A building code inspector
- * A home inspector

Note: A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. Acceptable Condition means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the 4-Point Inspection Form must be completed with full details/descriptions if any of the following are noted on the inspection:

- * Updates: Identify the types of updates, dates completed and by whom
- * Any visible hazards or deficiencies
- * Any system determined not to be in good working order

Note to All Agents

The writing agent must review each 4-Point Inspection Form before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.



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Insured/Applicant Name:

ABIGAIL CHARLES

Application / Policy #:

Address Inspected:

1030 NW 32 ST Unit 3, MIAMI FL 33127

Actual Year Built:

1930

Date Inspected: 6/30/2026

Minimum Photo Requirements:

* Dwelling: Each side

* Roof: Each slope

* Plumbing: Water heater (Incl TPRV), 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 single strand aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 100

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 & Tube

☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):

☐ Connections repaired via COPALUM crimp

☐ Connections repaired via AlumiConn

* If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided.

Hazards Present (Indicate presence of any of the following)

☐ Blowing Fuses

☐ Empty Breaker Sockets

☐ Double Taps

☐ Unsafe Wiring

☐ Improper Ground

☐ Loose Wiring

☐ Other

☐ Tripping Breakers

☐ Improper Breaker Size

☐ Exposed Wiring

☐ Over-Fusing

☐ Corrosion

☐ Scorching

General condition of the electrical system:

☒ Satisfactory

☐ Unsatisfactory

Supplemental information

Main Panel

Panel age: (years)

4

Year last updated:

2022

Brand/Model:

GE

Second Panel

Panel age: (years)

Year last updated:

Brand/Model:

Wiring Types

☒ Copper

☐ Single Strand AL

☐ MN, BX or Conduit

☐ Multistrand AL

☐ Copper Clad AL

☐ Cloth (Knob & Tube)

☐ Other

☐ Cloth Jacket Rubber Insulated



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Insured/Applicant Name: **ABIGAIL CHARLES**

Address Inspected: **1030 NW 32 ST Unit 3, MIAMI FL 33127**

Actual Year Built: **1930**

Date Inspected: **6/30/2026**

Email Address: **ben@iconrealty.com**

Application/Policy #:

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HVAC System

Photo Requirements: Dwelling: Each side - H.V.A.C.equipment, including dated manufacturer's plate - All hazards or deficiencies

Central AC: ☐ Yes ☒ No

Central Heat ☐ Yes ☒ No

If not central heat, indicate primary heat source and fuel type: Wall units

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No

Date of last HVAC servicing/inspection:

Hazards Present

Is a wood-burning stove or central gas fireplace present? ☐ Yes ☒ No

Was it 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: (years) Est 8

Year last updated: 2018

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)



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Insured/Applicant Name: **ABIGAIL CHARLES**

Address Inspected: **1030 NW 32 ST Unit 3, MIAMI FL 33127**

Actual Year Built: **1930**

Date Inspected: **6/30/2026**

Email Address: **ben@iconrealty.com**

Application/Policy #:

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Plumbing System

Photo Requirements: Dwelling: Each side - Water heater, under cabinet plumbing/drains, exposed valves - All hazards or deficiencies

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: **Closet**

General condition of the water heater(s) plumbing fixtures and connections to appliances:

Dishwasher	☐ Satisfactory	☐ Unsatisfactory	☒ N/A	Main shut-off valve	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Refrigerator	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Washing Machine:	☐ Satisfactory	☐ Unsatisfactory	☒ N/A
Sinks	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Water Heater	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Toilets	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Showers/Tubs	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Sump Pump	N/A	N/A	N/A	All other visible	☒ Satisfactory	☐ Unsatisfactory	☐ N/A

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.)

Supplemental Information

Age of Piping Supply System:		Age of Piping drain System		Type of pipes (check all that apply)	
Original to home	96	Original to home	96	☒ Copper	☐ ABS
Completely re-piped	N/A	Completely re-piped	N/A	☒ PVC/CPVC	☐ PEX
Partially re-piped	Est 2016	Partially re-piped	Est 2016	☐ Galvanized	PEX year Installed
Age of Water Heater	11			☐ Cast Iron	
				☐ Polybutylene	

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

Supply lines and P Traps were replaced in est 2016



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Insured/Applicant Name: **ABIGAIL CHARLES**

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Actual Year Built: **1930**

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Email Address: **ben@iconrealty.com**

Application/Policy #:

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Roof

Photo Requirements: Each roof slope - All hazards or deficiencies (this section can take the place of the Roof Inspection Form)

Building Permit Data: If Applicable, Buildfax &/Or Appropriate Municipality PDF Report Attached Separately

Predominant Roof

Covering material: **Built Up / Smooth**

Roof age (years) **12**

Remaining useful life (years): **6**

Date of last roofing permit: **09/05/2014**

Date of last update: **2026**

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% of replacement:

100

Overall condition:

☒ Satisfactory ☐ Unsatisfactory

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 (If "yes" explain below)

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

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 (If "yes" explain below)

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



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4 POINT INSPECTION

SIGNATURE PAGE

ADDRESS

1030 NW 32 ST Unit 3, MIAMI FL 33127

DATE

6/30/2026

Additional Comments/Observations (use additional pages if needed)

Flat roof was sealed in 2026.

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.

Steve Mulkay - Home Inspector LICENSE #: HI11831

Tel: (954) 752-9443

Company: Fleet Inspections

Inspector Signature:

Please consult with an authorized insurance company representative regarding insurance eligibility.

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6/30/2026

1030 NW 32 ST Unit 3, MIAMI FL 33127

ELEVATION



74F01B5A-03C3-48B1-884C-EF58B77D053F



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BREAKER PANEL 1





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HVAC 1





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WATER HEATER(S)





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Master Bath





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Kitchen





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MAIN SHUT-OFF





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Main Roof





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PERMITS (if applicable)

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1030 NW 32 ST Unit 3, MIAMI FL 33127		BUILD FAX
 ROOF	 	
1030 NW 32ND ST MIAMI FL 33127		
Permit #	BD14-010042-001-BR001	
Type	BUILDING ROOFING	
Permit status	Final	
Applied date	2014-09-05	
Contractor	JOCONS LLC	
Description: FLAT ROOF		



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4 Point Inspection

6/30/2026

ABIGAIL CHARLES



1030 NW 32 ST Unit 4, MIAMI FL 33127



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IMPORTANT! Special Attention

Insurance related inspection reports solely reflect observations mandated by state-regulated forms and rules.

Please know that we conduct inspections in strict compliance with Florida's state-regulated forms and rules for insurance requirements. These forms outline specific questions and require photographs during our inspections. All reported findings or potential issues align with these mandated requirements. Deviation from these guidelines could impact report validity and result in the inspection report being rejected & not accepted by the carrier, delaying the insurance process and potentially affecting your coverage.

While our reports identify potential issues as per the forms, it is the responsibility of the insured to consult with their insurance agent regarding implications for coverage and rates.

DUE TO INSURANCE LIABILITY REASONS WE ARE UNABLE TO ADVISE OR MAKE RECCOMENDATIONS REGARDING REPAIRS OR INSURANCE COVERAGE.

For legal and ethical reasons, we must emphasize the necessity of consulting with a licensed professional should further evaluation or action be deemed necessary by the insured.

We kindly request that you refrain from sending repair photos, as Fleet Inspections cannot accept photos for repairs from external sources. All photos must be obtained directly by Fleet Inspections.

Be aware that inspectors are strictly prohibited from altering any information, ensuring complete adherence to regulations

The decision to submit completed inspection reports will be at the discretion of the client. You will have an opportunity to make corrections or repairs if any issues are observed. Please consider the initial inspection as preliminary. If you are collaborating with an agent, you can inform them during the report review about your intention to make corrections. If any repairs are made, the insurance company may accept photos and/or repair invoices along with the original report. However, if the insurance company does not accept such additional documentation, Fleet Inspections will need to charge a fee for an updated inspection, starting at \$55.00.

For all insurance coverage questions, please contact an authorized insurance company representative.

PLEASE CONSULT WITH AN AUTHORIZED INSURANCE COMPANY REPRESENTATIVE REGARDING INSURANCE ELIGIBILITY.

IT IS RECOMMENDED THAT ALL NOTED DEFICIENCIES OR OTHER NOTED OBSERVATIONS BE INSPECTED, REPAIRED OR REPLACED AS NEEDED BY A LICENSED PROFESSIONAL

For the quickest response please email report related questions to: **info@fleet-inspections.com**



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Summary /Page

Includes Observed Deficiencies If Applicable

IT IS RECOMMENDED THAT ALL NOTED DEFICIENCIES BE REPAIRED OR REPLACED AS NEEDED BY A LICENSED PROFESSIONAL.

ELECTRICAL	☒	Satisfactory	☐	Unsatisfactory
H.V.A.C.	☒	Satisfactory	☐	Unsatisfactory
PLUMBING	☒	Satisfactory	☐	Unsatisfactory
ROOF / PREDOMINANT	☒	Satisfactory	☐	Unsatisfactory
ROOF / SECONDARY (if applicable)	☐	Satisfactory	☐	Unsatisfactory



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4 POINT INSPECTION

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.

This 4-Point Inspection Form includes the minimum data required for Underwriting consideration and evaluation.

Photo Requirements

- * Dwelling: Each side* Roof: Each side / Each Roof Slope
- * Plumbing: Water heater (incl TPRV), under cabinet plumbing/drains, exposed valves
- * Main electrical service panel with interior door label
- * H.V.A.C. equipment, including dated manufacturer's plate
- * All hazards or deficiencies noted in this report

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. Examples include:

- * A general, residential, or building contractor
- * A building code inspector
- * A home inspector

Note: A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. Acceptable Condition means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the 4-Point Inspection Form must be completed with full details/descriptions if any of the following are noted on the inspection:

- * Updates: Identify the types of updates, dates completed and by whom
- * Any visible hazards or deficiencies
- * Any system determined not to be in good working order

Note to All Agents

The writing agent must review each 4-Point Inspection Form before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.



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Insured/Applicant Name:

ABIGAIL CHARLES

Application / Policy #:

Address Inspected:

1030 NW 32 ST Unit 4, MIAMI FL 33127

Actual Year Built:

1930

Date Inspected: 6/30/2026

Minimum Photo Requirements:

* Dwelling: Each side

* Roof: Each slope

* Plumbing: Water heater (Incl TPRV), 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 single strand aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 100

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 & Tube

☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):

☐ Connections repaired via COPALUM crimp

☐ Connections repaired via AlumiConn

* If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided.

Hazards Present (Indicate presence of any of the following)

☐ Blowing Fuses

☐ Empty Breaker Sockets

☐ Double Taps

☐ Unsafe Wiring

☐ Improper Ground

☐ Loose Wiring

☐ Other

☐ Tripping Breakers

☐ Improper Breaker Size

☐ Exposed Wiring

☐ Over-Fusing

☐ Corrosion

☐ Scorching

General condition of the electrical system:

☒ Satisfactory

☐ Unsatisfactory

Supplemental information

Main Panel

Panel age: (years)

4

Year last updated:

2022

Brand/Model:

GE

Second Panel

Panel age: (years)

Year last updated:

Brand/Model:

Wiring Types

☒ Copper

☐ Single Strand AL

☐ MN, BX or Conduit

☐ Multistrand AL

☐ Copper Clad AL

☐ Cloth (Knob & Tube)

☐ Other

☐ Cloth Jacket Rubber Insulated



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Insured/Applicant Name: **ABIGAIL CHARLES**

Address Inspected: **1030 NW 32 ST Unit 4, MIAMI FL 33127**

Actual Year Built: **1930**

Date Inspected: **6/30/2026**

Email Address: **ben@iconrealty.com**

Application/Policy #:

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HVAC System

Photo Requirements: Dwelling: Each side - H.V.A.C.equipment, including dated manufacturer's plate - All hazards or deficiencies

Central AC: ☐ Yes ☒ No

Central Heat ☐ Yes ☒ No

If not central heat, indicate primary heat source and fuel type: Wall units

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No

Date of last HVAC servicing/inspection:

Hazards Present

Is a wood-burning stove or central gas fireplace present? ☐ Yes ☒ No

Was it 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: (years) Est 8

Year last updated: 2018

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)



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Insured/Applicant Name: **ABIGAIL CHARLES**

Address Inspected: **1030 NW 32 ST Unit 4, MIAMI FL 33127**

Actual Year Built: **1930**

Date Inspected: **6/30/2026**

Email Address: **ben@iconrealty.com**

Application/Policy #:

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Plumbing System

Photo Requirements: Dwelling: Each side - Water heater, under cabinet plumbing/drains, exposed valves - All hazards or deficiencies

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: **Closet**

General condition of the water heater(s) plumbing fixtures and connections to appliances:

Dishwasher	☐ Satisfactory	☐ Unsatisfactory	☒ N/A	Main shut-off valve	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Refrigerator	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Washing Machine:	☐ Satisfactory	☐ Unsatisfactory	☒ N/A
Sinks	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Water Heater	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Toilets	☒ Satisfactory	☐ Unsatisfactory	☐ N/A	Showers/Tubs	☒ Satisfactory	☐ Unsatisfactory	☐ N/A
Sump Pump	N/A	N/A	N/A	All other visible	☒ Satisfactory	☐ Unsatisfactory	☐ N/A

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.)

Supplemental Information

Age of Piping Supply System:		Age of Piping drain System		Type of pipes (check all that apply)	
Original to home	96	Original to home	96	☒ Copper	☐ ABS
Completely re-piped	N/A	Completely re-piped	N/A	☒ PVC/CPVC	☐ PEX
Partially re-piped	Est 2016	Partially re-piped	Est 2016	☐ Galvanized	PEX year Installed
Age of Water Heater	11			☐ Cast Iron	
				☐ Polybutylene	

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

Supply lines and P Traps were replaced in est 2016



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Roof

Photo Requirements: Each roof slope - All hazards or deficiencies (this section can take the place of the Roof Inspection Form)

Building Permit Data: If Applicable, Buildfax &/Or Appropriate Municipality PDF Report Attached Separately

Predominant Roof

Covering material: **Built Up / Smooth**

Roof age (years) **12**

Remaining useful life (years): **6**

Date of last roofing permit: **09/05/2014**

Date of last update: **2026**

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% of replacement:

100

Overall condition:

☐ Satisfactory ☒ Unsatisfactory

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 (If "yes" explain below)

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

Any visible signs of damage / deterioration?
(check all that apply and explain below)

- ☐ Cracking
☐ Cupping/curling
☐ Excessive granule loss
☐ Exposed asphalt
☐ Exposed felt
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4 POINT INSPECTION

SIGNATURE PAGE

ADDRESS

1030 NW 32 ST Unit 4, MIAMI FL 33127

DATE

6/30/2026

Additional Comments/Observations (use additional pages if needed)

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6/30/2026

1030 NW 32 ST Unit 4, MIAMI FL 33127

ELEVATION



2296D5AD-9D29-4595-98C4-F6A249EB63BC



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BREAKER PANEL 1





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HVAC 1





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WATER HEATER(S)





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Master Bath





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Kitchen





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MAIN SHUT-OFF





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Main Roof





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ROOF DECKING





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 ROOF

1030 NW 32ND ST
MIAMI FL 33127

Permit #

BD14-010042-001-BR001

Type

BUILDING ROOFING

Permit status

Final

Applied date

2014-09-05

Contractor

JOCONS LLC

Description: FLAT ROOF



