

Perfection Home Inspections LLC
19 Phyllis Court
Wayne, NJ 07470



123 Happy Lane
Rockaway, NJ 07866-2203
A Prepurchase Building Inspection Prepared for:
Mr. And Mrs. Happy Home Owner

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Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

A	Acceptable	Functional with no obvious signs of defect.
NP	Not Present	Item not present or not found.
NI	Not Inspected	Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.
M	Marginal	Item is not fully functional and requires repair or servicing.
D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

General Information

Property Information

Property Address 123 Happy Lane
City Rockaway State NJ Zip
Contact Name
Phone Fax

Client Information

Client Name Mr. and Mrs. Happy Home Owner
Client Address
City State Zip
Phone Fax unknown

Inspection Company

Inspector Name Jeffrey A Guidetti
Company Name Perfection Home Inspections LLC
Company Address 19 Phyllis Court
City Wayne State NJ Zip 07470
Phone 973-628-1641 Fax 973-628-1641
E-Mail jaginspections@aol.com
File Number 0081
Amount Received 350.00 dollars

Conditions

Others Present Buyer's Agent and Buyer, Seller's Agent Property Occupied Occupied
Estimated Age 20 years Entrance Faces East
Inspection Date 09/12/2010
Start Time 2:00 pm End Time 4:30 pm
Electric On Yes No Not Applicable
Gas/Oil On Yes No Not Applicable
Water On Yes No Not Applicable
Temperature 88 degrees
Weather Clear Soil Conditions Dry
Space Below Grade Basement
Building Type Single family Garage Attached
Sewage Disposal Public Sewer How Verified Multiple Listing Service
Water Source Public Water How Verified Multiple Listing Service
Additions/Modifications Room addition
Permits Obtained Unknown How Verified Visual Inspection

Lots and Grounds

Note: Real Estate brokers, owners, buyers, or any parties other than the client who contracted for and paid for this report are hereby notified that any use of this report by them for any purpose related to the sale or purchase of this property is not permitted unless the approval of Perfection Home Inspections is given as well as the approval of the original client.

- | | A | NP | NI | M | D | |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Driveway: Asphalt Heavy cracks in surface, Damaged or deteriorated, recommend estimate for repair or replacement by a licensed contractor |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Walks: Concrete Cracked, Trip hazard |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: Brick |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Patio: Paver Depression noted around rear stairs, A qualified contractor is recommended to evaluate and estimate repairs |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grading: Moderate slope |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vegetation: Shrubs |
| 7. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Wells: |
| 8. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retaining Walls: |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Surface Drain: Surface drain |

Exterior Surface and Components

Maintaining a slope away from the foundation walls will help lessen water accumulation around the building during a rainfall and help to insure a dry interior. Depressions can be filled with additional topsoil, however, under no circumstances should wooden portions of the structure be in contact with the ground. Grading in areas away from the building was not comprehensively evaluated about drainage. Underground sprinkler systems are not evaluated. Play sets, fence ownership, sheds, out buildings, hot tubs, spas, pools and any electric support is not part of this inspection and outside the scope of our services.

Shrubs, trees, and vines should be trimmed and prevent contact with the building. This helps to insure adequate ventilation and prevent excessive dampness that will lead to rot and deterioration.

Windows may require occasional maintenance to insure a light seal around the framing. Putty or caulking can be renewed where needed as a normal maintenance task.

The operation and condition of a representative number of doors and windows will be evaluated during the interior portions of this inspection.

An audit of the storms and/or screens was not conducted. They should be inventoried before closing. The owners should install all the units to aid this procedure. Dead bolts for the exterior doors are a security feature; cylinder locks for the doors should be changed.

Maintaining the siding is important to preserve a watertight, draft free home. The siding should not come in contact with the grading and should be about 8 inches from the soil. If siding touches grading or masonry. Wood rot might exist and replacement of the siding may be required.

Foundation:

The foundation inspection is limited to the visible areas as observed in date of the inspection some settlement cracks were noticed. All cracks should be checked and monitored and if any cracks become larger a general contractor will need to be retained. In some cases, vegetation and shrubs obstructions may exclude certain areas from being viewed. The foundation will be further inspected from the interior, where accessible.

- | | A | NP | NI | M | D | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|
| Complete house Exterior Surface | | | | | | |
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: Stucco, Stone, Vinyl siding |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trim: Aluminum |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia: Aluminum |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits: Vinyl |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Bell: Hard wired |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entry Doors: Fiberglass +glass |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio Door: metal |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Double Hung |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storm Windows: Aluminum |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Screens: Vinyl mesh |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Windows: wood |

Exterior Surface and Components (Continued)

- 12. Exterior Lighting: Surface mount
- 13. Exterior Electric Outlets: 110 VAC GFCI
- 14. Hose Bibs: Rotary
- 15. Gas Meter: Exterior surface mount at side of home
- 16. Main Gas Valve: Located at main line

Roof

It is recommended that the building department be contacted about permits that have been obtained for the roof and home. This can aid in determining the life expectancy. This building department can also be addressed on any permits that have been issued for this dwelling. A conventional three tab shingle roof has an overall life expectancy in the range of 17-22 years, and dimensional shingle roof about 25-30 years, according to industry standards.

The roof often contains hidden defects and because of that, this is a cause for concern. All roofs, gable, hip, shed, dormer, pitched and flat, can develop leaks and monitoring the roof, chimney and flashing is a recommended practice. A roof contractor should be obtained prior to close of the property to determine such defects. Building codes may or may not allow a new roof to be applied over the present roof. Protrusions through the roof, such as plumbing vents, skylights, and exhaust vents are made watertight by "flashings."

The roof and any chimney were inspected visually from the ground. Binoculars were used when helpful, and only those areas that could be viewed in this manner could be evaluated. These limited inspection methods are due to the inherent danger of climbing on the roof and damage.

A NP NI M D

Main Roof Surface

- 1. Method of Inspection: Ground level
- 2. Unable to Inspect: 30%
- 3. Material: Strip shingles
- 4. Type: multi
- 5. Approximate Age: 10 years
- 6. Flashing: covered
- 7. Valleys: Asphalt shingle
- 8. Skylights: Insulated glass
- 9. Plumbing Vents: Pipe
- 10. Electrical Mast: Underground utilities
- 11. Gutters: Aluminum
- 12. Downspouts: Aluminum
- 13. Leader/Extension: Extend

North Chimney

- 14. Chimney: Metal pipe
- 15. Flue/Flue Cap: Metal
- 16. Chimney Flashing: Covered

Garage/Carport

A NP NI M D

Side Garage

1. Type of Structure: Attached Car Spaces: 2
2. Garage Doors: Wood
3. Door Operation: Mechanized
4. Door Opener: Craftsman
5. Exterior Surface: Stucco, Stone
6. Roof: Strip Shingle
7. Roof Structure: covered
8. Service Doors: Wood
9. Ceiling: Paint
10. Walls: Paint
11. Floor/Foundation: Concrete
12. Electrical: 110 VAC GFCI
13. Windows: Wood
14. Gutters: Aluminum
15. Downspouts: Aluminum
16. Leader/Extensions: under ground

Electrical

The wiring configuration from the main and sub-panel system to the outlets, switches, and appliances were not tested. Almost all the wiring is concealed in walls, ceilings, and cannot be visually inspected. All extension cords should be removed. A representative number of outlets, fixtures, and switches were operated.

The main service line and major appliance feeds are often aluminum wire, this is acceptable and a standard practice.

Ground Fault Circuit Interrupter (GFCI) electrical outlets are a significant safety improvement. They are required for bathrooms, kitchens, laundry, and outside outlets.

A ground wire across water meters, hot water source, and an exterior rod is now a recommended practice.

A NP NI M D

1. Service Size Amps: 200Amps--estimate Volts: 120/240vac--estimate
2. Service: Aluminum
3. 120 VAC Branch Circuits: Copper
4. 240 VAC Branch Circuits: Aluminum
5. Aluminum Wiring:
6. Conductor Type: BX and Romex
7. Ground: Plumbing Ground

Basement Electric Panel

8. Manufacturer: Seimens
9. Maximum Capacity: 200amps--estimate
10. Main Breaker Size: 200 amps estimate
11. Breakers: cual
12. Fuses:
13. GFCI: Basement, garage, kitchen, bathrooms
14. Is the panel bonded? Yes No

Basement Electric Panel

15. Manufacturer: Square D
16. Maximum Capacity: 125amps estimate
17. Main Breaker Size: 100 amps estimate
18. Breakers: ALCU
19. Fuses:

Electrical (Continued)

20. GFCI: At GFCI receptacles only
 21. Is the panel bonded? Yes No

Structure

As a note, proper grading is an important consideration when dealing with dampness or wet areas. Efflorescence and water stains noted on the foundation walls may indicate a moisture problem. Predictions about water penetrations are based on indications and conditions at the time of the inspection. Seasonal conditions often cannot be accurately forecasted based on a single inspection. It is highly advised that you contact the occupants or owner before obtaining your procurement. You should obtain disclosure and or history information regarding any water penetration. This can provide more information concerning any previous incidents or water penetration. There are occasional instances where the weather conditions conspire to create exceptional events, especially when melting ice seals the ground and excessively high water table. These conditions can cause water penetrations in any basement or crawlspace and should be addressed. Moisture related conditions, whether at the interior or exterior of the building, client should consult a qualified mold testing company prior to close.

- | | A | NP | NI | M | D | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structure Type: Wood frame |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: Block |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Differential Movement: No movement or displacement noted |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beams: Wood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bearing Walls: Covered |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists/Trusses: wood |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piers/Posts: Steel posts |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Slab: Concrete |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairs/Handrails: Wood stairs with wood handrails |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subfloor: Plywood |

Attic

- | | A | NP | NI | M | D | |
|-------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Main Attic | | | | | | |
| 1. | | | | | | Method of Inspection: In the attic |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: 30% |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Framing: Rafter |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sheathing: Plywood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: attic fan and ridge vent |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: Fiberglass |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation Depth: 6" estimate |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attic Fan: Thermostat controlled |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiring/Lighting: 110 VAC lighting circuit |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Penetration: none noted |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bathroom Fan Venting: Window |

Basement

A NP NI M D

Main Basement

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: 20% |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Suspended ceiling |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow core |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Wood |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: covered |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Windows |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Location: none noted |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Basement Stairs/Railings: wood stairs, missing safety rail |

Air Conditioning

A NP NI M D

Main AC System

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A/C System Operation: Appears serviceable |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Condensate Removal: Plastic tubing |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Unit: Pad mounted |
| 4. | | | | | | Manufacturer: Carrier |
| 5. | | | | | | Model Number: ca7048uka2 Serial Number: 1913295691 |
| 6. | | | | | | Area Served: 1st floor and basement Approximate Age: 20 years estimate |
| 7. | | | | | | Fuel Type: 120-240 vac estimate Temperature Differential: Acceptable |
| 8. | | | | | | Type: Central A/C Capacity: 2.5 ton estimate |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visible Coil: Copper core with aluminum fins |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerant Lines: Serviceable condition |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Disconnect: Breaker disconnect |

Attic AC System

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A/C System Operation: Appears serviceable |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Condensate Removal: Plastic tubing |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Unit: Pad mounted |
| 15. | | | | | | Manufacturer: Carrier |
| 16. | | | | | | Model Number: 29abb330a310 Serial Number: 1610e09397 |
| 17. | | | | | | Area Served: 2nd floor Approximate Age: 3 years |
| 18. | | | | | | Fuel Type: 120-240 VAC Temperature Differential: Acceptable |
| 19. | | | | | | Type: Central A/C Capacity: 1.5 ton estimate |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visible Coil: Copper core with aluminum fins |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerant Lines: Serviceable condition |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Disconnect: Breaker disconnect |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exposed Ductwork: Metal |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blower Fan/Filters: Direct drive with disposable filter |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermostats: Programmable |

Fireplace/Wood Stove

Installations of this type are not operated to evaluate their performance during an inspection. Flues should be professionally cleaned on a regular schedule based on the frequency of use.

In most cases, only a limited portion of the flue is visible and surfaces will be obscured by soot. Professional chimney firms have special equipment capable of inspecting the length of the flue, this is also true for the main flue. An inspection of this type should be considered especially for older homes or those installations with excessive soot or creosote build up.

A NP NI M D

Living Room Fireplace

1. Fireplace Construction: Prefab
2. Type: Wood burning
3. Fireplace Insert: Standard
4. Smoke Chamber: Metal
5. Flue: Metal
6. Damper: Metal
7. Hearth: Flush mounted

Family Room Fireplace

8. Fireplace Construction: Prefab
9. Type: Gas
10. Fireplace Insert: Standard
11. Smoke Chamber: Metal
12. Flue: Metal
13. Hearth: Flush mounted

Heating System

No investigation or evaluation was performed to locate any underground tanks, such as oil, gas, propane, or chemical tanks, which might be present, or to determine their integrity, condition, or legality. If an oil tank or tanks are present, it is recommended that the tank or tanks and soil be tested.

A NP NI M D

Basement Heating System

1. Heating System Operation: Responded to normal controls
2. Manufacturer: Heil
3. Model Number: nugs125ak01 Serial Number: 1914210973
4. Type: Forced air Capacity: 125,000btu estimate
5. Area Served: 1st floor and basement Approximate Age: 3 years
6. Fuel Type: Natural gas
7. Heat Exchanger: Burners
8. Unable to Inspect: 30%
9. Blower Fan/Filter: Direct drive with disposable filter
10. Distribution: Metal duct
11. Draft Control: Automatic
12. Flue Pipe: Single wall
13. Controls: Thermostat
14. Devices: Shut--off switch
15. Humidifier: Flow-Thru

Attic Heating System

16. Heating System Operation: Responded to normal controls
17. Manufacturer: Carrier
18. Model Number: 588ta090-14 Serial Number: 130
19. Type: Forced air Capacity: 88,000btu estimate

Heating System (Continued)

- 20. Area Served: 2nd floor Approximate Age: 3 years
- 21. Fuel Type: Natural gas
- 22. Heat Exchanger: Burners
- 23. Unable to Inspect: 30%
- 24. Blower Fan/Filter: Direct drive with disposable filter
- 25. Distribution: Insulflex duct
- 26. Draft Control: Automatic
- 27. Flue Pipe: Single wall
- 28. Controls: Thermostat
- 29. Devices: Shut--off switch
- 30. Thermostats: Programmable
- 31. Tank Location: Beyond scope of inspection
- 32. Suspected Asbestos: No

Plumbing

Most piping in the building is concealed in walls, ceilings, underground, and could not be visually inspected. Shut off valves other than the fixtures themselves were not operated because they are operated infrequently and may leak. Globe, needle and gate valves should not be operated on a continual basis because they tend to leak more than a common ball valve. The safety valves and controls are not tested because they might not reset. The municipality should be addressed about the facilities associated with this building.

Water temperature should be maintained at a reasonable level. Excessive temperature is hazardous, inefficient, and tends to reduce the useful life of the water heater. It is recommended that you adjust the temperature once you move in, to the level you desire.

Perfection Home Inspections wishes to remind you, every home requires a certain amount of ongoing maintenance, such as unclogging drains, servicing heating and A/C system, water heater, etc. This home will be no exception and it is suggested that you budget for regular maintenance and repairs.

The drain lines do clog or drain slowly over time because of the use and will require maintenance and professional cleaning. The owner or occupant should be addressed on the plumbing repairs, service, and cleaning of the waste system.

A NP NI M D

- 1. Service Line: Copper
- 2. Main Water Shutoff: Closet
- 3. Water Lines: Copper
- 4. Drain Pipes: pipe
- 5. Service Caps: Accessible
- 6. Vent Pipes: pipe
- 7. Gas Service Lines: pipe

Basement Water Heater

- 8. Water Heater Operation: Functional at time of inspection
- 9. Manufacturer: Rheem
- 10. Model Number: 21vp50e-1a Serial Number: rhng0500d08j48
- 11. Type: Natural gas Capacity: 50 Gal.
- 12. Approximate Age: 10years+ Area Served: Whole building
- 13. Flue Pipe: Single wall
- 14. TPRV and Drain Tube: Copper

Bathroom

Surfaces subjected to wet conditions should be well caulked, grouted, and sealed as necessary to maintain them in a waterproof condition. This is important maintenance and will help to prevent leaks and deterioration of materials behind these surfaces. The water was only activated for a brief period and severe damage to underlying surfaces may occur in a relatively short period. The tub and/or shower stall should be re-inspected prior to obtaining your purchase because leaks can develop in a very short period.

Glass enclosures are often for tubs and showers. Glass surfaces along with wet and slippery floors could obviously be hazardous, and this aspect should be considered about such installations.

Ground Fault Circuit Interrupter (GFCI) electrical outlets are a significant safety improvement. They are required for bathrooms, kitchens, laundry, and outside outlets.

A NP NI M D

Basement Bathroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Small |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Suspended ceiling |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Tile |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow core |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Laminate |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: One Piece |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Plastic and chrome |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Porcelain |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan |

1st floor Bathroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Single |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Tile |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow core |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Granite |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Porcelain |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Plastic and chrome |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Porcelain |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan |

2nd floor main Bathroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Tile |
| 27. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow core |
| 28. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 29. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Laminate |
| 30. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Porcelain coated |
| 31. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Plastic and chrome |
| 32. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: metal, tile walls |
| 33. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Porcelain |
| 34. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 35. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan |

Master Bathroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| 36. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 37. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |

Bathroom (Continued)

- 38. Floor: Tile
- 39. Doors: Hollow core
- 40. Windows: Double Hung, Sky lite
- 41. Electrical: 110 VAC GFCI
- 42. Counter/Cabinet: Laminate and wood
- 43. Sink/Basin: Molded single bowl
- 44. Faucets/Traps: Plastic and chrome
- 45. Shower/Surround: Tile
- 46. Spa Tub/Surround: Fiberglass tub and ceramic tile surround
- 47. Toilets: Porcelain
- 48. HVAC Source: Heating system register
- 49. Ventilation: Window

Kitchen

Only the built-in appliances are regularly evaluated as part of a Perfection Home Inspections inspection. This normally does not include the refrigerator. Kitchen appliances are complicated mechanical devices with many internal parts. The appliances were evaluated by operating them, as would a homeowner and by visual inspection and no disassembly was attempted. Perfection Home Inspections cannot predict the useful life of these appliances. It is recommended that you get the manufacturer's information booklets and warranties, if available. A home is unique and complex, some insurance companies offer a home warranty for mechanical and major appliances that can be purchased.

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1st Floor Kitchen

- 1. Cooking Appliances: Decor
- 2. Ventilator: Venmar
- 3. Dishwasher: General Electric
- 4. Air Gap Present? Yes No
- 5. Refrigerator: GE
- 6. Microwave: Sharp
- 7. Sink: Stainless Steel
- 8. Electrical: 110 VAC GFCI
- 9. Plumbing/Fixtures: Metal
- 10. Counter Tops: Granite
- 11. Cabinets: Wood
- 12. Ceiling: Paint
- 13. Walls: Paint
- 14. Floor: Tile
- 15. HVAC Source: Heating system register

Bedroom

A NP NI M D

2nd floor-#1 Bedroom

- 1. Closet: 2
- 2. Ceiling: Paint
- 3. Walls: Paint
- 4. Floor: Carpet
- 5. Doors: Hollow core
- 6. Windows: Double Hung
- 7. Electrical: 110 VAC
- 8. HVAC Source: Heating system register

2nd floor-#2 Bedroom

- 9. Closet: Large
- 10. Ceiling: Paint
- 11. Walls: Paint
- 12. Floor: Carpet
- 13. Doors: Hollow core
- 14. Windows: Double Hung
- 15. Electrical: 110 VAC
- 16. HVAC Source: Heating system register

2nd floor-#3 Bedroom

- 17. Closet: Large
- 18. Ceiling: Paint
- 19. Walls: Paint
- 20. Floor: Carpet
- 21. Doors: Hollow core
- 22. Windows: Double Hung
- 23. Electrical: 110 VAC
- 24. HVAC Source: Heating system register

2nd floor-Master Bedroom

- 25. Closet: Large
- 26. Ceiling: Paint
- 27. Walls: Paint
- 28. Floor: Carpet
- 29. Doors: Hollow core
- 30. Windows: Double Hung
- 31. Electrical: 110 VAC
- 32. HVAC Source: Heating system register

2nd floor--off master Bedroom

- 33. Closet: 3 large
- 34. Ceiling: Paint
- 35. Walls: Paint
- 36. Floor: Padding
- 37. Doors: Hollow core
- 38. Windows: Double Hung
- 39. Electrical: 110 VAC
- 40. HVAC Source: Heating system register

Living Space

Smoke detectors and CO monitors are not inventoried nor inspected. They are required safety devices; however, working units should be maintained at the proper locations on each level. They should be tested regularly and batteries replaced as required. It is suggested that you check with local fire code officials about any regulations concerning devices of this type or the installations of fire extinguishers. It is recommended to locate CO monitors for safety reasons.

Every family should develop and periodically review their personal family fire plan. How do you get out safely in the event and where do you meet outside the dwelling? You may want to contact your fire department for general fire safety information.

A NP NI M D

Dinning Rooms--2 Living Space _____

- | | | | | | | |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 1. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Double Hung |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Living Room 1st floor Living Space _____

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 9. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Double Hung |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Family Room--1st floor Living Space _____

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 16. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Double Hung |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Sun Room--1st floor Living Space _____

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 23. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Wallpaper |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Tile |
| 27. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Sliding |
| 28. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Double Hung |
| 29. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 30. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Office--Basement Living Space _____

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 31. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: |
| 32. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Suspended ceiling |
| 33. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 34. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 35. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow core |
| 36. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Double Hung |
| 37. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 38. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Living Space (Continued)

Basement and Wet Bar Living Space _____

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 39. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Single |
| 40. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Suspended ceiling |
| 41. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 42. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Tile, Carpet |
| 43. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 44. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl |
| 45. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 46. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Laundry Room/Area

Any laundry appliances that may be included in the sale are normally not evaluated, within the scope of an inspection. The 120 volt outlet should be protected by a GFCI. The condition and future life expectancy of such units cannot be predicted or guaranteed. The dryer vent pipe should be cleaned routinely as recommended by the appliance manufacturer.

A NP NI M D

2nd floor closet Laundry Room/Area _____

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow core |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub: |
| 7. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub Drain: |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer Hose Bib: Multi-port |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer and Dryer Electrical: 110-120 VAC |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dryer Vent: Plastic flex |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dryer Gas Line: Insulflex |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer Drain: Wall mounted drain |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: Pan |

Final Comments

Side Walk---concrete cracked and deteriorating, trip hazard, recommend repair or replacement by mason contractor. Driveway---heavy cracking, recommend repair or replacement by asphalt contractor. Rear Stairs---appears that wood supports are in direct contact with soil, recommend further evaluation. Shed---termite damage, recommend treatment. Rear Patio---depression in pavers, recommend repair by qualified contractor. Downspout---in rear recommend extending. Basement has radon system installed. Heating and Air Conditioner---recommend service contract with local authority. House---has large addition, recommend checking for proper permits and inspections by local building department.

It has been a pleasure servicing you. If you have any questions please do not hesitate to call.

Jeffrey A. Guidetti
Perfection Home Inspections, LLC

<h2>Summary</h2>

Lots and Grounds

1. **Driveway:** Asphalt Heavy cracks in surface, Damaged or deteriorated, recommend estimate for repair or replacement by a licensed contractor
2. **Walks:** Concrete Cracked, Trip hazard
3. **Patio:** Paver Depression noted around rear stairs, A qualified contractor is recommended to evaluate and estimate repairs

Roof

4. **Leader/Extension:** Extend

Basement

5. **Main Basement Basement Stairs/Railings:** wood stairs, missing safety rail