



Parker Property Inspections, LLC DBA
National Property Inspections

John Smith, 1234 Main St, Stuart, FL, 34997



Saturday, November 4, 2023

Inspector

David Parker

772-285-7520

inspections@npiparker.com

FL HI#1777

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777



Parker Property Inspections, LLC DBA National Property Inspections

John Smith, 1234 Main St, Stuart, FL, 34997

INVOICE #: TEMPLATEW

Client Name : **John Smith**

Inspection Date : 11/4/2023 1:00 PM

Property Location : **1234 MAIN ST
STUART FL 34997**

Parker Property Inspections, LLC DBA
National Property Inspections
1820 NE Jensen Beach Blvd
#599
Jensen Beach FL 34957

Billing Address :

☒ Paid

TYPE OF INSPECTIONS PERFORMED

Home Inspection		\$1.00
	Total	\$1.00
11/4/2023	Cash	(\$1.00)
	Due on Receipt	\$0.00

Inspection Date:
11/04/2023

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Pre-Inspection Agreement

THIS IS A LEGALLY BINDING CONTRACT
PLEASE READ CAREFULLY

This Inspection Agreement contains the terms and conditions of your (the "Client") contract with Parker Property Inspections, LLC D/B/A National Property Inspections (the "Company") for an inspection of the Property at the given address. This Inspection Agreement contains limitations on the scope of the inspection, remedies and liability. By signing below, Client represents and warrants that Client has secured all approvals necessary for the Company to conduct the inspection of the Property. Client also warrants they will read the entire Inspection Report when received and shall promptly call with any questions or concerns Client may have regarding the Inspection Report. This inspection is being performed for the exclusive use and benefit of the Client, and the Inspection, including the written Report, is not to be transferred to, utilized or relied upon by any other person or entity without the written permission of the Company.

Company encourages Client to be present at the inspection. This will enable the inspector to point out specific observations, as well as help Client understand any comments provided in the Inspection Report.

Client is advised to obtain firm bids from qualified contractors, prior to closing, for repair or replacement of any item(s) rated as "marginal" or "defective" within the Inspection Report.

Given the variability of underwriting guidelines between insurance companies, the home inspection performed is not intended to determine the insurability of any particular system or component.

1. INSPECTION

Client hereby retains Company to perform a general home inspection and for which Client agrees to pay the agreed upon fee. A general home inspection is a non-invasive, visual examination of the readily accessible built-in appliances, mechanical, electrical, plumbing, heating, ventilation, and air conditioning systems, and the essential internal and external structural components of the residential dwelling under the current Standards of Practice of the International Association of Certified Home Inspectors which may be viewed at <http://www.nachi.org/documents2012/internachi%20sop%20and%20coe-dec%202015.pdf> or a copy may be requested from Company, and is limited by the limitations, exceptions and exclusions so stated in the Standards of Practice and this Agreement.

2. LIMITATIONS, EXCEPTIONS AND EXCLUSIONS

The Inspection only includes those systems and components expressly and specifically identified in the Inspection Report. The Inspection limitations, exceptions and exclusions in the Standards of Practice are incorporated herein. In addition, any area which is not exposed to view, is concealed, is inaccessible because of soil, walls, floors, carpets, ceilings, furnishings or any other fashion. The Inspection does not include any destructive testing or dismantling. The following systems and components and areas are among those NOT included in the Inspection or Inspection Report:

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- Latent or concealed defects, compliance with code or zoning ordinances or permit research or system or component recalls.
- Structural, geological, soil, survey, engineering analysis or testing.
- Termites or other wood destroying insects or organisms, rodents or other pests, dry rot or fungus, or damage from or relating to the preceding.
- Asbestos, radon gas, lead paint, urea formaldehyde, mold or mildew, odors or noise, or flammable chemicals, water or air quality, PCB's or other toxins, electro-magnetic fields, underground storage tanks, proximity to toxic waste sites or other environmental or health hazards.
- Private water, sewage, water softeners or purifiers, or solar systems.
- Specialized pool, spa, or hot tub equipment.
- Saunas, steam baths, fountains or other types of or related systems and components.
- Repair cost estimates or building value appraisal.
- Thermostatic or time clock controls, radio controlled devices, automatic gates or elevators, lifts, dumbwaiters.
- Freestanding appliances and gas appliances such as fire pits, barbecues, heaters and lamps. Main gas shut off valve. Any gas leaks, furnace heat exchangers.
- Seismic safety, security or fire safety systems or security bars and/or safety equipment.
- Any adverse condition that may affect the desirability of the property but not limited to proximity to railroad tracks or airplane routes, boundaries, easements or rights of way, adjoining properties or neighborhood.
- Unique/technically complex systems or components, life expectancy or adequacy or efficiency of any system or component.

3. DISCLAIMER OF WARRANTY

Company does not expressly or impliedly warrant or guarantee it's Inspection, Inspection Report, or the condition of the subject property, in whole or in part, except for the **Limited Warranty** attached hereto and made a part of the Pre-Inspection Agreement. Client acknowledges agreement that the liability of Company will be limited and restricted to the terms and provisions of the **Limited Warranty** and on that basis Company shall undertake and complete the Inspection of the property.

4. NOTICE AND STATUTE OF LIMITATIONS

Client agrees that any claim, for negligence, breach of contract or otherwise, be made in writing and reported to Company within ten (10) business days of discovery. Client further agrees to allow Inspector the opportunity to re-inspect the claimed discrepancy, with the exception of emergency conditions, before Client or Client's agents, employees or independent contractors repair, alter or modify the claimed discrepancy. Client understands and agrees that any failure to notify Inspector as stated above shall constitute a waiver of any and all claims Client may have against Inspector. Any legal action must be brought within one (1) year from the date of the Inspection. Failure to bring said action within one (1) year of the date of the Inspection is a full and complete waiver of any rights, actions, or causes of actions that may have arisen therefrom. Should Company prevail in any said action, Client will reimburse Company for its attorney's fees and associated costs. Time is expressly of the essence herein. This time may be shorter than otherwise provided for by the law.

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5. LIMITATION OF LIABILITY

Client agrees the fee charged by Company is substantially less than would be charged for technically exhaustive inspection of the property by all of the respective experts (i.e., electricians, plumbers, engineers, etc.), and Client specifically declines such inspection. Client agrees that Company is not an insurer, that Company's liability for the negligent performance or non-performance of any duty, the breach of this Agreement, and/or for any other reason shall be limited to the return of the fee paid by Client multiplied by five (5). Client acknowledges that this limitation of liability is a material term of this Agreement and to the determination of the amount of the fee paid by Client.

6. DISPUTE RESOLUTION

Any dispute, controversy, interpretation or claim including claims for, but not limited to, breach of contract, any form of negligence, fraud or misrepresentation or any other theory of liability arising out of, from or related to this Agreement or arising out of, from or related to the Inspection or Inspection Report, unless first resolved by mutual agreement, shall be decided in a court of competent jurisdiction.

7. GOVERNING LAW AND SEVERABILITY

This Agreement shall be governed by Florida law. If any portion of this Agreement is found to be invalid or unenforceable by any court, the remaining terms shall remain in force between the parties.

8. OTHER SERVICES

It is understood and agreed to by the parties that all the provisions, limitations, exceptions and exclusions of this agreement shall apply to any optional services entered into by the parties.

9. ENTIRE AGREEMENT, MODIFICATION AND THIRD PARTIES

This Agreement represents the entire agreement between the parties. No oral agreements, understandings or representations shall change, modify or amend this Agreement. No change or modification shall be enforceable against any party unless such changes or modification is in writing and signed by the parties and supported by valid consideration. This Agreement shall be binding upon and inure to the parties hereto and their heirs, executors, administrators, successors, assigns and representatives of any kind whatsoever.

10. ACTIONS TO BE TAKEN BY CLIENT

Client acknowledges that conditions can change after the Inspection. Client agrees to do a "pre-closing walk-thru examination" of the property 48-72 hours prior to closing to insure that all systems/components originally reviewed are still functional. If an issue is discovered during said walk-thru examination, Client agrees to describe the issue in writing and send to Company immediately.

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ACKNOWLEDGEMENT

Client acknowledges that Parker Property Inspections, LLC, dba National Property Inspections, its employees, owners or agents is an independently-owned and operated franchise and not an employee, partner, or agent and cannot make any contract, agreement, warranty or representation on behalf of National Property Inspections, Inc., 9375 Burt Street, Suite 201, Omaha, NE 68114.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Payment for the inspection service constitutes acceptance of this Pre-Inspection Agreement by the Client.

Inspector Signature

David Parker

Client Signature

Print Client Name

Date

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GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

Property Occupied : No	Temperature : 85 F
Estimated Age Of Property : <1 Year(s)	Weather :
Property Faces : <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	<input checked="" type="checkbox"/> Sunny
Type of Property :	Soil Conditions :
<input checked="" type="checkbox"/> Single-Family	<input checked="" type="checkbox"/> Damp/Wet
Primary Construction :	Persons Present :
<input checked="" type="checkbox"/> Block	<input checked="" type="checkbox"/> Buyer <input checked="" type="checkbox"/> Seller

DEFINITIONS :

Below are listed the definitions used throughout the report to describe each feature of the property.

ACC (ACCEPTABLE)	The item/system was performing its intended function at the time of the inspection.
MAR (MARGINAL)	The item/system was marginally acceptable. It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.
NI (NOT INSPECTED)	The item/system was not inspected due to safety concerns, inaccessibility and/or concealment or seasonal conditions and no representations of whether or not it was functioning as intended were made.
NP (NOT PRESENT)	The item/system does not exist or was visually concealed at the time of the inspection.
DEF (DEFECTIVE)	The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

SCOPE OF THE INSPECTION :

We wish to remind you that every property requires a certain amount of ongoing maintenance: drains sometimes clog, gutters, downspouts and the grading around the property must be properly maintained to help prevent water intrusion in to the basement or crawlspace; roofs, furnaces, air conditioners and other components require regular maintenance and inspection. This property will be no exception and we strongly suggest that you both expect and budget for regular maintenance/repairs.

The following report is based on visual inspection of the readily accessible areas of this property and on a random sampling of like items, not every item was or could be inspected. Please read the entire report carefully, ask your inspector any questions you might have and obtain estimates or discuss noted items with a contractor before closing.

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GRADING / DRAINAGE

☒ Monitor Condition

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The areas at each side of the were very damp. Recommend further evaluation.



Grading / Drainage:



Grading / Drainage:

DRIVEWAY

☒ Pavers

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



Driveway:

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WALKS / STEPS

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Pavers

Comments:

PORCH

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Open

Comments:



Porch:

PATIO

☒ Monitor Condition

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Pavers

Comments:

There was damaged and loose drywall tape at the patio ceiling.

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Patio:



Patio:

ROOFING

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age: <1 Year(s)

Design Life: 30 Year(s)

Layers: 1

☒ Visual From Ground

☒ Concrete Tiles

Comments:

The roof was only observed from the ground due to the builders guidelines.

Leaks not always detectable.



Roofing:



Roofing:

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FLASHING/VALLEYS

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Metal

Comments:

The roof was only observed from the ground due to the builders guidelines.



Flashing/Valleys:

GUTTERS/DOWN SPOUTS

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Aluminum

Comments:



Gutters/Down Spouts:

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EXTERIOR SURFACE

☒ Monitor Condition

☒ Stucco

☒ Veneer

☒ Stone

	ACC	MAR	NI	NP	DEF
SIDING/TRIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR FAUCETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ELECTRICAL OUTLETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR LIGHTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Recommend trimming the trees and landscaping away from the exterior.

The rear patio columns had paint issues.

There was staining at the exterior at the left side.

Recommend sealing the gaps/openings at the fascia.

There were mortar stains at the aluminum drip edge.



Exterior Surface:



Exterior Surface:

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Exterior Surface:



Exterior Surface:



Exterior Surface:

WINDOWS

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Vinyl

Comments:

Individual windows will be discussed in the interior rooms section.

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Windows:

EXTERIOR DOORS

☒ Monitor Condition

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Metal

Comments:

Recommend sealing where the slider track meets the stucco.
There were gaps/openings at the top and bottom of the sliders.



Exterior Doors:



Exterior Doors:

Inspection Date:
11/04/2023

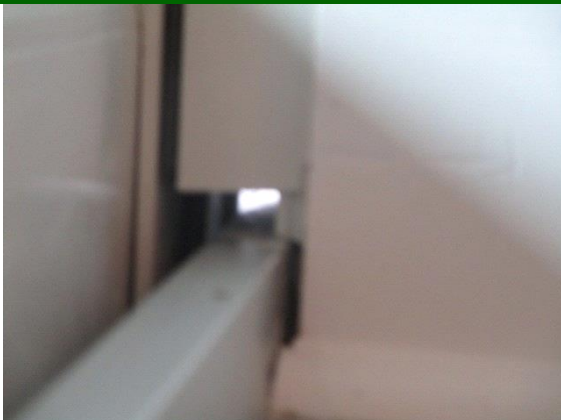
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Exterior Doors:



Exterior Doors:

FOUNDATION

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Concrete

☒ Slab

☒ Limited Observation

Comments:

There was limited visibility.

GARAGE

☒ 2 Cars

☒ Attached

	ACC	MAR	NI	NP	DEF
FLOOR/WALLS/CEILING/ELECTRICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIDING/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Garage:

OVERHEAD GARAGE DOORS

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of Openers: 1

☒ Metal

Comments:



Overhead Garage Doors:



Overhead Garage Doors:

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GARAGE PEDESTRIAN DOOR INTO HOUSE

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Solid Core

Comments:

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Attic / Roof

Method of Inspection ☒ Visual from Access 20 % Visible

ATTIC FRAMING/SHEATHING

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Plywood / Panel Board / OSB ☒ Trusses

Comments:

The attic was only observed from the opening due to the builders guidelines.

Leaks not always detectable.



Attic Framing/Sheathing:



Attic Framing/Sheathing:

ATTIC VENTILATION

☒ Monitor Condition

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The soffit vents had paint overspray. Recommend further evaluation/repair.

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Attic Ventilation:

ATTIC INSULATION

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Loose Fill

Comments:



Attic Insulation:

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ATTIC ELECTRICAL

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Limited visibility due to obstructions. See Electrical Section for additional Information.

Interior Foundation

Foundation Type ☒ Slab On Grade

INTERIOR FOUNDATION

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Limited Observation

Comments:

There was limited visibility.

FLOOR/SLAB

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Concrete

☒ Obscured / Covered

Comments:

There was limited visibility.

ELECTRICAL

SERVICE SIZE (Main Panel)

☒ Brand: Square D

☒ Main Disconnect Location: Right Exterior Wall

☒ 200 AMP

	ACC	MAR	NI	NP	DEF
SERVICE <input checked="" type="checkbox"/> Underground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE <input checked="" type="checkbox"/> Aluminum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL <input checked="" type="checkbox"/> Breaker(s) <input checked="" type="checkbox"/> Right Exterior Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL <input checked="" type="checkbox"/> Breaker(s) <input checked="" type="checkbox"/> Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS <input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDING/GROUNDING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI(IN PANEL)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARC FAULT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

The panel was observed with the cover on.

*Smoke Detectors / GFCI's checked with test button only. Monthly Test Recommended.



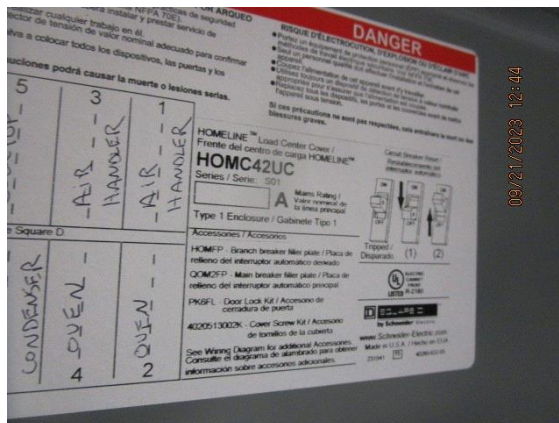
Electrical:



Electrical:



Electrical:



Electrical:

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PLUMBING

Water Service

☒ Water Public

☒ Shut Off Location: Right Exterior Wall

Sewage Service

☒ Sewage Public

	ACC	MAR	NI	NP	DEF
SUPPLY <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> CPVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAINS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Main utility line, septic systems and gray water systems are excluded from this Inspection.



Plumbing:

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WATER HEATER

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand: Bradford White
Design Life: 10-12 Year(s)

Model: RE250T6-1NCWW
SerialNo: ZC51099249

Size: 50 Gallon(s)

Age: 1 Year(s)

☒ Electric

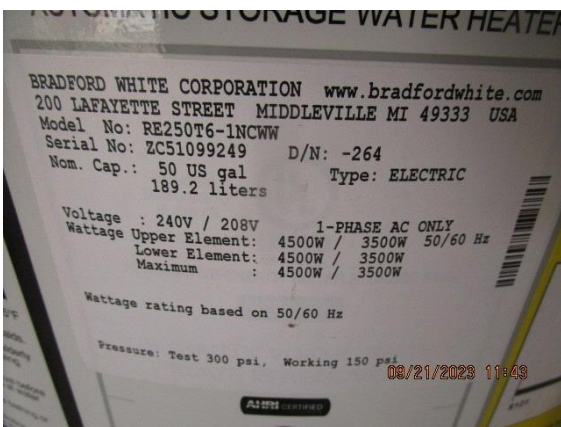
Comments:



Water Heater:



Water Heater:



Water Heater:

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LAUNDRY FACILITIES

Location: Utility room

	ACC	MAR	NI	NP	DEF
UTILITY HOOKUPS <input checked="" type="checkbox"/> Electric (Dryer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRYER VENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY TUB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The washer was run through a short cycle to test the drain capability. There were no issue at the time of the inspection. The dryer was tested and ran and vented properly at the time of the inspection.



Laundry Facilities:

HEATING

Brand: Lennox
Design Life: 10-12 Year(s)

Model: CBA27UHE-048-230-6-0 BTUs: 0
SerialNo: 1623E02420

Age: <1 Year(s)

☒ Electric

☒ Forced Air

	ACC	MAR	NI	NP	DEF
OPERATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Heat Exchanger - Unable to detect cracks/holes without dismantling unit.

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777

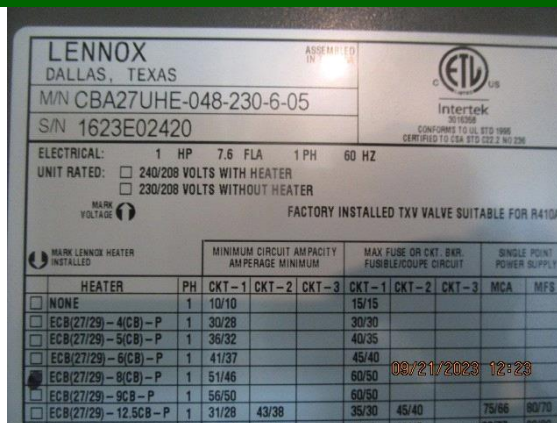


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Heating:



Heating:



Heating:

HEATING DISTRIBUTION

☒ Ductwork

	ACC	MAR	NI	NP	DEF
DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROLS/THERMOSTAT (CALIBRATIONS/TIMED FUNCTIONS NOT CHECKED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

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FL HI#1777



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Heating Distribution:



Heating Distribution:

COOLING

☒ Monitor Condition

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand: Lennox
Design Life: 10-12 Year(s)

Model: ML17XP1-048-230A01
SerialNo: 1923E28627

Size: 4 Tons

Age: <1 Year(s)

☒ Electric

☒ Central Air

Comments:

There was erosion at the AC slab. Recommend monitoring.



Cooling:



Cooling:

Inspection Date:
11/04/2023

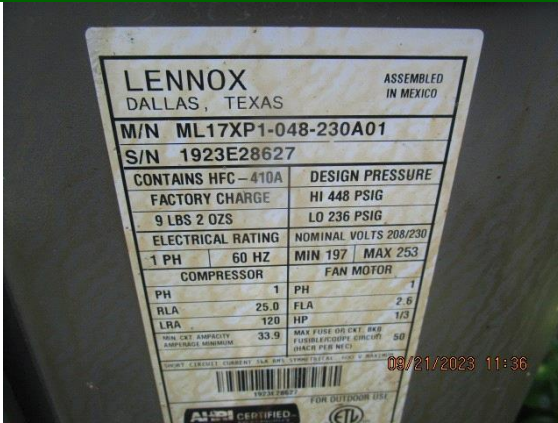
Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777

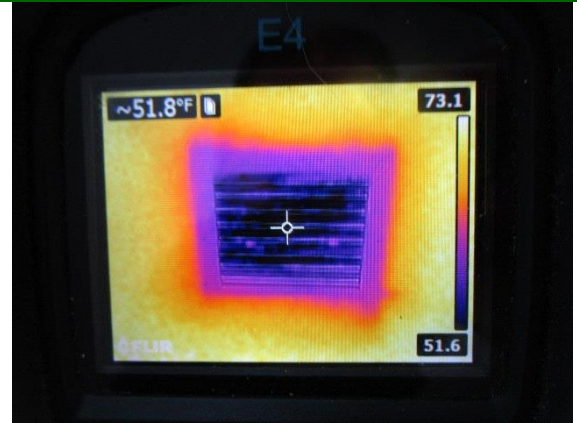


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Cooling:



Cooling:

KITCHEN

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE TOP/OVEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE ANTI-TIP BRACKET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISHWASHER/CROSS FLOW PROTECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROWAVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARBAGE DISPOSAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection Date: 11/04/2023
Inspector: David Parker
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Email: inspections@npiparker.com
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Comments:

There was intermittently low pressure at the hot water side of the kitchen sink. This seemed to improve over time. Recommend monitoring.

The underside of the island countertop was unfinished and had scratches.



Kitchen:



Kitchen:



Kitchen:

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777



Parker Property Inspections, LLC DBA National Property Inspections

John Smith, 1234 Main St, Stuart, FL, 34997

MASTER BATHROOM

☒ Monitor Condition
☒ Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There were areas around the window tiles that need to be sealed.
The light fixture in the water closet was hanging loose from then ceiling.
There was a chip at the edge of the shower bench.
There was an opening where the floor tile meets the pocket door trim.

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777



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John Smith, 1234 Main St, Stuart, FL, 34997



Master Bathroom:



Master Bathroom:



Master Bathroom:



Master Bathroom:



Master Bathroom:

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777



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GUEST BATHROOM

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There were scuffs/scratches at the soap dish.



Guest Bathroom:



Guest Bathroom:

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npi-parker.com
FL HI#1777



Parker Property Inspections, LLC DBA National Property Inspections

John Smith, 1234 Main St, Stuart, FL, 34997

HALL BATHROOM

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There were areas of the baseboards that need to be sealed.
There were areas of the cabinet floor trim that need to be sealed.



Hall Bathroom:



Hall Bathroom:

Inspection Date: 11/04/2023
Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777



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John Smith, 1234 Main St, Stuart, FL, 34997

HALF BATHROOM

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



Half Bathroom:



Half Bathroom:

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777



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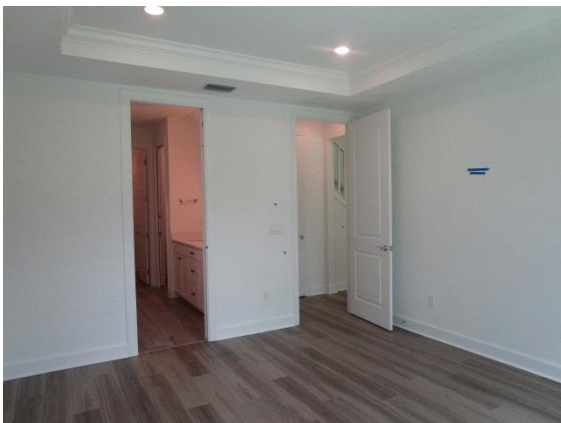
MASTER BEDROOM

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The vent cover was missing from the master bedroom closet.



Master Bedroom:



Master Bedroom:

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

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FL HI#1777



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GUEST BEDROOM - FRONT RIGHT

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There were areas around the window that need to be sealed.

There was staining at the carpet.

There were areas of the closet baseboards that need to be sealed.



Guest Bedroom - Front Right:



Guest Bedroom - Front Right:

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npiparker.com
FL HI#1777



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Guest Bedroom - Front Right:



Guest Bedroom - Front Right:

BEDROOM 3 - FRONT LEFT

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There were areas around the window that need to be sealed including the trim under the sill and there was some discoloration at the window sill.

There was staining at the bedroom and closet carpet.

There were areas around the closet window that need to be sealed.

There was a residue at the closet window pane.

Inspection Date:
11/04/2023

Inspector: David Parker
Inspector Phone: 772-285-7520

Email: inspections@npi-parker.com
FL HI#1777



Parker Property Inspections, LLC DBA National Property Inspections

John Smith, 1234 Main St, Stuart, FL, 34997



Bedroom 3 - Front Left:



Bedroom 3 - Front Left:



Bedroom 3 - Front Left:

BEDROOM 4 - REAR LEFT

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

There were imperfections at the closet door trim.
There were paint issues at the baseboards.



Bedroom 4 - Rear Left:



Bedroom 4 - Rear Left:



Bedroom 4 - Rear Left:

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LIVING ROOM AND FOYER

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There was a cracked wall plate at the outlet.

Recommend a cover to the under the stairs closet light fixture.



Living Room and Foyer:



Living Room and Foyer:

Inspection Date:
11/04/2023

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Living Room and Foyer:



Living Room and Foyer:

DINING ROOM

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Dining Room:

LOFT	<input checked="" type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
CEILINGS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLOSET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The attic access cover did not close properly.
The cover was missing from the return at the air handler closet ceiling.

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Loft:



Loft:



Loft:

OFFICE

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

There were areas of the flooring that have shifted. This is a floating floor and some movement can be expected.
There were areas around the window sill that need to be sealed.
There were areas of the baseboards that need to be sealed.



Office:



Office:



Office:

Inspection Date:
11/04/2023

Inspector: David Parker
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UTILITY ROOM

☒ Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CABINETS/COUNTERTOPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There were areas of the countertop and backsplash that need to be sealed.



Utility Room:



Utility Room:

STAIRS / RAILINGS

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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National Property Inspections

John Smith, 1234 Main St, Stuart, FL, 34997



Stairs / Railings:



Stairs / Railings:

Inspection Date:
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LAWN SPRINKLER

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of Zones: 1

Comments:

There was a sprinkler system present that was maintained by the HOA.

Underground leaks may not be detected.

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Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

GRADING / DRAINAGE

MARGINAL

The areas at each side of the were very damp. Recommend further evaluation.

PATIO

MARGINAL

There was damaged and loose drywall tape at the patio ceiling.

EXTERIOR SURFACE

Siding/Trim

MARGINAL

Recommend trimming the trees and landscaping away from the exterior.
The rear patio columns had paint issues.
There was staining at the exterior at the left side.
Recommend sealing the gaps/openings at the fascia.
There were mortar stains at the aluminum drip edge.

EXTERIOR DOORS

MARGINAL

Recommend sealing where the slider track meets the stucco.
There were gaps/openings at the top and bottom of the sliders.

ATTIC VENTILATION

MARGINAL

The soffit vents had paint overspray. Recommend further evaluation/repair.

COOLING

MARGINAL

There was erosion at the AC slab. Recommend monitoring.

KITCHEN

Countertops/Cabinets

MARGINAL

Sink/Faucet

MARGINAL

There was intermittently low pressure at the hot water side of the kitchen sink. This seemed to improve over time. Recommend monitoring.
The underside of the island countertop was unfinished and had scratches.

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MASTER BATHROOM

Windows/Trim	MARGINAL
Floor/Finish	MARGINAL
Electrical (Random sampling of outlets, switches, fixtures.)	DEFECTIVE
Tub/Shower	MARGINAL

There were areas around the window tiles that need to be sealed.
The light fixture in the water closet was hanging loose from the ceiling.
There was a chip at the edge of the shower bench.
There was an opening where the floor tile meets the pocket door trim.

GUEST BATHROOM

Tub/Shower	MARGINAL
------------	----------

There were scuffs/scratches at the soap dish.

HALL BATHROOM

Floor/Finish	MARGINAL
--------------	----------

There were areas of the baseboards that need to be sealed.
There were areas of the cabinet floor trim that need to be sealed.

MASTER BEDROOM

Heat/Air Distribution	MARGINAL
-----------------------	----------

The vent cover was missing from the master bedroom closet.

GUEST BEDROOM - FRONT RIGHT

Walls	MARGINAL
Windows/Trim	MARGINAL
Floor/Finish	MARGINAL

There were areas around the window that need to be sealed.
There was staining at the carpet.
There were areas of the closet baseboards that need to be sealed.

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BEDROOM 3 - FRONT LEFT

Windows/Trim

MARGINAL

Floor/Finish

MARGINAL

There were areas around the window that need to be sealed including the trim under the sill and there was some discoloration at the window sill.

There was staining at the bedroom and closet carpet.

There were areas around the closet window that need to be sealed.

There was a residue at the closet window pane.

BEDROOM 4 - REAR LEFT

Walls

MARGINAL

Interior Doors/Hardware

MARGINAL

There were imperfections at the closet door trim.

There were paint issues at the baseboards.

LIVING ROOM AND FOYER

Electrical (Random sampling of outlets, switches, fixtures.)

MARGINAL

There was a cracked wall plate at the outlet.

Recommend a cover to the under the stairs closet light fixture.

LOFT

Ceilings

MARGINAL

Heat/Air Distribution

MARGINAL

The attic access cover did not close properly.

The cover was missing from the return at the air handler closet ceiling.

OFFICE

Windows/Trim

MARGINAL

Floor/Finish

MARGINAL

There were areas of the flooring that have shifted. This is a floating floor and some movement can be expected.

There were areas around the window sill that need to be sealed.

There were areas of the baseboards that need to be sealed.

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UTILITY ROOM

Cabinets/Countertops

MARGINAL

There were areas of the countertop and backsplash that need to be sealed.

MAR (MARGINAL)

The item/system was marginally acceptable. It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.

DEF (DEFECTIVE)

The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

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Limited Warranty

The Limited Warranty, for mechanical systems and appliances, is free of charge in conjunction with a home inspection performed by David Parker with the following conditions:

1. The fee for the home inspection must be received by National Property Inspections within 10 days from the date of the inspection.
2. This warranty begins when the fee for the home inspection is received and expires 180 days from the date of the inspection.
3. If there are any other insurance policies or warranties applicable, this warranty becomes excess.
4. This warranty applies only to those mechanical systems and/or appliances identified in the NPI Inspection Report which details the inspector's findings at the property.

Address of Property Inspected: 1234 Main St

Date inspected: 11/4/2023

The following items are excluded from protection under this Limited Warranty due to the fact that they need servicing, were dysfunctional or inoperative at the time of the inspection or near the end of their normal life expectancy.

Only items rated acceptable at the time of the inspection are eligible for warranty coverage.

TERMS, LIMITATIONS AND DEDUCTIBLE -- READ CAREFULLY.

National Property Inspections (hereinafter NPI) will, during the term of this Limited Warranty, repair or replace at its option, the protected items and components should they become inoperative due to mechanical failure, subject to the terms, limitations, and deductible specified below. This Limited Warranty covers only those mechanical systems and appliances listed below.

- I. Warranty Limit:
 - A. NPI's maximum liability under this warranty for all mechanical defects arising during, and not pre-existing to, the 180 days warranty term is limited to \$2,500. All mechanical claims carry a \$250 deductible.
- II. To present a claim:
 - A. Call the NPI inspector first, not a service contractor. NPI will not pay for any service that is not authorized in advance. The client is expected to make any necessary temporary repairs to prevent any further damage to the item(s) in question.
 - B. Payment of the \$250 deductible is the responsibility of the client for each service call for each protected item. The deductible must be paid directly to the contractor affecting authorized repairs or replacement.
 - C. NPI has the sole option to repair or replace.
 - D. The client must promptly notify NPI when any covered item(s) has a mechanical failure. NPI shall have no responsibility for claims which are not reported within 5 days of its mechanical failure.

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III. Protection Limit:

- A. NPI will not pay for repair or replacement as a result of fire, wind, rain, hail, freezing, smoke, lightning, flood, earthquake, storm, theft, accidents, vandalism, riot, power failure, pest or insect damage, lack of capacity, inadequacy, improper installation, negligence, alterations, modifications, consequential damages of any kind, or acts of God.
- B. NPI will make no reimbursement for materials or labor it did not authorize.
- C. NPI will not be liable for the expense to open or close walls, floors, or ceilings, nor for the removal and replacement of tiles, carpet, wallpaper or vinyl to perform a covered service.
- D. If the client performs or authorizes any repairs, alterations, or installations, or modifies any protected item or component or causes any consequential damage, NPI will have no responsibility with regard to that item.
- E. If the covered property is a condominium or similar ownership, NPI will not pay for repairs or service beyond the interior of the client's unit.
- F. NPI will not be liable for damage that results from contractor's delay of service such as riots or unavailability of parts or labor. NPI will not be responsible for color match.
- G. NPI will not pay to improve or upgrade an item or items due to lack of capacity, design or failure to meet building code or zoning requirements. Any expense incurred to meet code or zoning requirements, above that needed to remedy the mechanical failure, is the client's sole responsibility.

IV. The NPI warranty is non-transferable. Should the client sell, vacate or rent the covered property, the warranty becomes null and void.

V. If NPI waives a right under the warranty, it does not waive any additional or future rights.

PROTECTED ITEMS :

INTERIOR ELECTRICAL SYSTEMS: (\$1,000 maximum)

Covered: General wiring and components within the perimeter of the main foundation; the electrical panel and subpanel. The following items are limited to a \$100.00 payment: fire alarm system; door bells; smoke detection systems; garage door openers; receptacles.

Not Covered: Power failure or shortages; overload or inadequate wiring capacity; intercom systems; garage door opener sending units; burglar alarm systems; exhaust, wall, attic, or ceiling fans; light fixtures; any pre-existing condition.

INTERIOR PLUMBING SYSTEMS: (\$1,000 maximum)

Covered: Gas, water, drain, vent and waste lines within the perimeter of the main foundation; electric or gas water heaters, tankless water heaters, plumbing fixtures; faucets; toilet tank, bowl and internal components.

Not Covered: Any plumbing outside the perimeter of the main foundation or contained in or under the main foundation or concrete slab, or wrapped in asbestos; conditions of excessive or insufficient water pressure; water quality; holding tanks; solar hot water systems; septic tank systems; sewage ejector pumps; sewer and water laterals; wells; any condition caused by rust, corrosion or chemical deposits; galvanized pipes; solar systems; jet and sump pumps; pressure tanks; holding tanks; shower stalls, enclosures, doors and base pans; caulking or grouting; hot tubs; whirlpools and spas and their mechanical components including electrical

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components; repairs of walls, floors, or ceilings when plumbing repairs are made; sprinkler systems; any pre-existing condition.

AIR CONDITIONING: (primary system only) (\$1,000 maximum)

Covered: Central air conditioning system using ductwork for the distribution of air; condensers; compressors; thermostats; condenser fan motors; blower fan motors; interior refrigerant lines; accessible ductwork.

Not Covered: Window, wall, gas, or portable air condition units; electronic air cleaners; dehumidifiers, deionizers; ductwork that is concrete encased or otherwise inaccessible; registers; filters; grill guards or condenser housings; exterior refrigerant lines; any condition caused by rust or corrosion; any pre-existing condition.

CENTRAL HEATING: (primary system only) (\$1,000 maximum)

Covered: Central forced air, gravity, heat pump systems; hot water boiler systems; electric baseboard heat, if it is the only source of heat; built-in humidifiers; accessible ductwork and piping.

Not Covered: Steam boiler systems; heat exchanger; ductwork or steam or radiant heating coils or lines that are wrapped in asbestos, encased in concrete or otherwise inaccessible; ceiling, wall or floor radiant heating systems; dehumidifiers, wood burning stoves; individual space heaters; outside fuel storage tanks and lines; electronic air filters; registers; filters; solar heating systems; fireplaces; fireplace inserts and components of any kind; any condition caused by rust or corrosion; any pre-existing condition.

APPLIANCES: (\$500 maximum)

Covered: Primary refrigerator; oven; range; garbage disposal; dishwasher; built-in micro-wave; range exhaust fan.

Not Covered: Individual freezer; washer; dryer; compactor; timers or clocks; rotisseries; meat probes; removable racks or baskets; lock or key assemblies; ice makers; filters; gaskets; scratches, marring or dents; self-cleaning components of oven; any condition caused by rust or corrosion; any pre-existing condition.

VI. Cancellation:

NPI may cancel this warranty for any fraud or misrepresentation on the part of the client.

VII. Additional exclusions and conditions:

- A. **Excluded From Protection Under This Limited Warranty** is any item in the report which is said to be deficient, faulty, inoperable, in need of repair or in any way impaired, of suspect utility, at or beyond its normal life expectancy, or specifically excluded, as well as any item identified as not inspected or not tested, as indicated by any words or phrases which, by reasonable interpretation, would communicate any of the foregoing.

Also Excluded From Protection is any item, device, component, element, part or class of items at, in, on, or pertinent to the subject property premises which are inaccessible, concealed or a latent defect and which is not included in or specifically mentioned in the report.

- B. Since each item or system in a house has a normal life expectancy, this warranty will pay for repair, or replacement on a prorated basis.

DEFINITIONS:

1. **Mechanical Failure:** Condition which causes a covered item or system to stop performing its designed

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function.

2. **Inaccessible:** That which cannot be readily accessed for inspection due to design and/or obstacles, such as permanent partitions, chimney, etc.
3. **Service:** Repair or replacement of non-functioning covered item.
4. **Pre-Existing Condition:** Condition which caused a covered item to fail, which after prudent investigation, is determined to have existed prior to this warranty's effective date.
5. **Consequential Damage** Condition which results from any cause other than the direct mechanical failure of that item or system.
6. **Building Code or Zoning Violations:** Condition which does not meet building code specifications or zoning board requirements.
7. **Concealed or Latent Defect:** A deficient condition which is not visible or not readily accessible.

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