



**Property Inspections Plus, Inc. DBA
National Property Inspections**

Commercial Multi Family



Wednesday, October 2, 2024

Inspector

Eddie Restani

312-771-1293

Eddie.Restani@Npiinspect.com

450.012272 Expires 11/2026

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



Property Inspections Plus, Inc. DBA National Property Inspections

Commercial Multi Family

GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

Property Occupied : Yes	Weather : <input checked="" type="checkbox"/> Sunny
Estimated Age Of Property : 112 Year(s)	Soil Conditions : <input checked="" type="checkbox"/> Dry
Property Faces : <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West	Persons Present : <input checked="" type="checkbox"/> Buyer <input checked="" type="checkbox"/> Buyer's Agent
Type of Property : <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Multi-Family	
Primary Construction : <input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Wood	

DEFINITIONS :

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

G (GOOD)	Average to above-average condition for the building system evaluated, taking into consideration factors of age and design. Generally, other than normal maintenance, no repair is recommended or required.
F (FAIR)	Average condition for the building system evaluated, taking into consideration factors of age and design. Some short term or immediate maintenance or repairs are recommended to return the system to a good condition.
P (POOR)	Below-average condition for the building system evaluated, taking into consideration factors of age and design. Immediate repair, significant work or replacement is anticipated to return the building system to a good or fair condition.
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.
NA (NOT APPLICABLE)	This item is not applicable or not present

SCOPE OF THE INSPECTION :

This assessment is in general accordance with the ASTM standard E2018-08 for Property Condition Assessments. The intent of this report is to identify and communicate conspicuous defects or material deferred maintenance of a subject property's material systems, components, or equipment as observed on the date of the Field Observer's Walk-Through Survey. This was a visual review of readily accessible areas and components. It was not technically exhaustive and no excavation, disassembly or removal of covers, panels or obstructions was performed. Hidden or obstructed defects may not be observed. In addition, some components were assessed on a random sampling of like items.

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GRADING / DRAINAGE

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Appeared to be a positive or near level slope around the home.



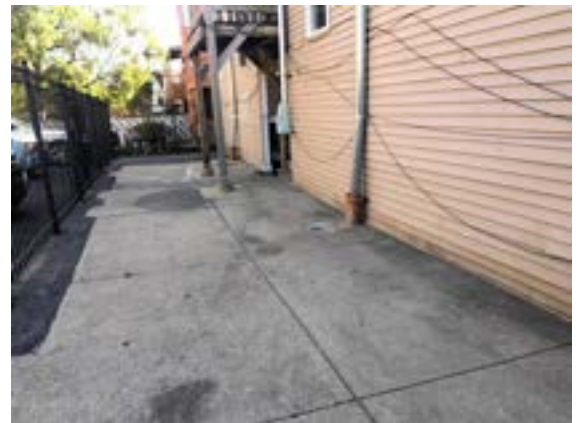
Grading / Drainage:



Grading / Drainage:



Grading / Drainage:



Grading / Drainage:

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FLATWORK / SIDEWALKS

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Concrete

Comments:

Walkways/steps to the property were in good condition at time of the inspection.



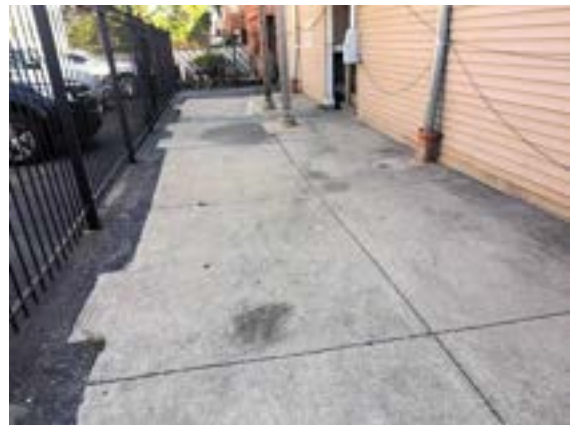
Flatwork / Sidewalks:



Flatwork / Sidewalks:



Flatwork / Sidewalks:



Flatwork / Sidewalks:

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DECKS / BALCONY

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

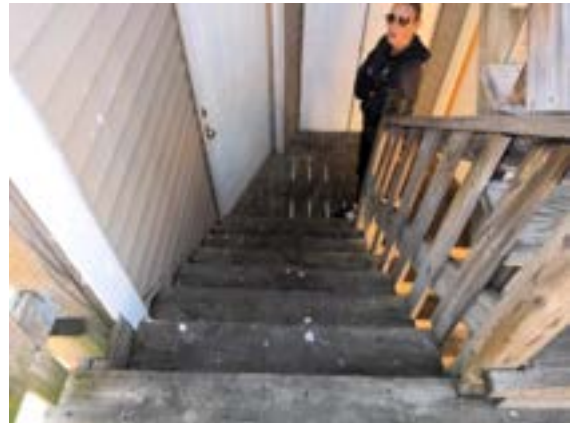
☒ Wood

Comments:

Deck/balcony and all related components appeared to be acceptable at time of inspection.



Decks / Balcony:



Decks / Balcony:



Decks / Balcony:



Decks / Balcony:

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Decks / Balcony:



Decks / Balcony:



Decks / Balcony:

FENCES / ENCLOSURES

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Metal

Comments:

Fence(s) was in generally good condition with operational gate(s).

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Fences / Enclosures:



Fences / Enclosures:



Fences / Enclosures:



Fences / Enclosures:



Fences / Enclosures:

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ROOFING

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Walked On

Comments:

All visible roofing appeared acceptable at time of inspection.

Leaks not always detectable.



Roofing:



Roofing:



Roofing:



Roofing:

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Roofing:



Roofing:



Roofing:



Roofing:

FLASHING / VALLEYS

☒ Composition / Membrane

☒ Metal

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All valleys and flashings that were readily visible at time of inspection were acceptable.

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Flashing / Valleys:



Flashing / Valleys:



Flashing / Valleys:



Flashing / Valleys:



Flashing / Valleys:



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Flashing / Valleys:

ROOF DRAINAGE SYSTEM

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Steel

Comments:

All visible gutters were in acceptable condition.



Roof Drainage System:



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CHIMNEY(S)

G	F	P	NI	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Brick / Masonry

☒ Deteriorated / Missing Cap(s)

☒ Deteriorated Brick / Mortar

☒ General Deterioration

Comments:

Chimneys (2) had no cap/spark arrestor to prevent water from entering chimney and spark retention if chimney was used for a wood burning.

Deteriorated brick/mortar noted on chimney.

Recommend further evaluation/repair by qualified contractor(s).

Flue not inspected. Annual cleaning is recommended.



Chimney(s):



Chimney(s):



Chimney(s):



Chimney(s):

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Chimney(s):



Chimney(s):

PARAPET WALL SYSTEM

☒ Brick

☒ Metal

☒ Vinyl

	G	F	P	NI	NA
EXTERIOR FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAP FLASHING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVING/FLASHING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCUPPERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

All visible exterior siding acceptable at time of inspection.



Parapet Wall System:



Parapet Wall System:

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Parapet Wall System:



Parapet Wall System:



Parapet Wall System:



Parapet Wall System:



Parapet Wall System:



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EXTERIOR SURFACE

☒ Brick

	G	F	P	NI	NA
SIDING/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR FAUCETS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Faucet inoperative front.

Recommend further evaluation/repair by qualified contractor(s).



Exterior Surface:



Exterior Surface:

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Exterior Surface:



Exterior Surface:



Exterior Surface:



Exterior Surface:

EXTERIOR SURFACE

☒ Brick

☒ Vinyl

	G	F	P	NI	NA
SIDING/TRIM	<input checked="" type="checkbox"/>	<input 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:

All visible exterior siding acceptable at time of inspection.

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Exterior Surface:



Exterior Surface:



Exterior Surface:



Exterior Surface:

FENESTRATION SYSTEMS

☒ Metal

☒ General Deterioration

G	F	P	NI	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Cracked block windows noted.

Recommend further evaluation/repair by qualified contractor(s).

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Fenestration Systems: cracked front



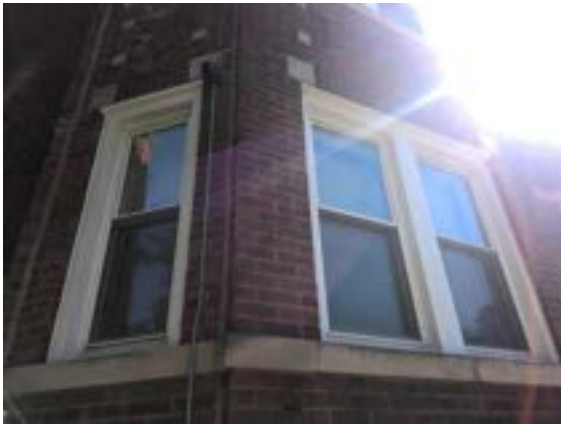
Fenestration Systems: cracked front



Fenestration Systems:



Fenestration Systems: cracked front



Fenestration Systems:



Fenestration Systems:

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Fenestration Systems: cracked front



Fenestration Systems:

DOORS

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Metal

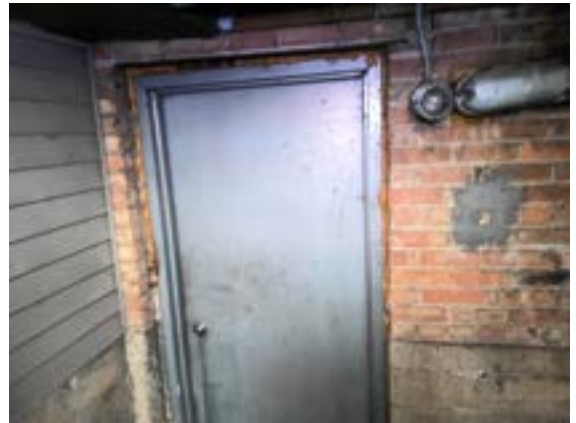
☒ General Deterioration

Comments:

Doors appear to be functioning properly and seal properly when closed.



Doors:



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Doors:

EXTERIOR FOUNDATION

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Concrete

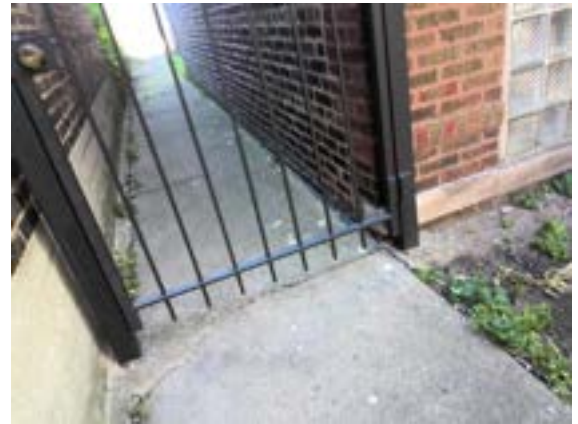
☒ General Deterioration

Comments:

All visible exterior foundation walls appear in acceptable condition at time of inspection with no major defects or movement noted.



Exterior Foundation:



Exterior Foundation:

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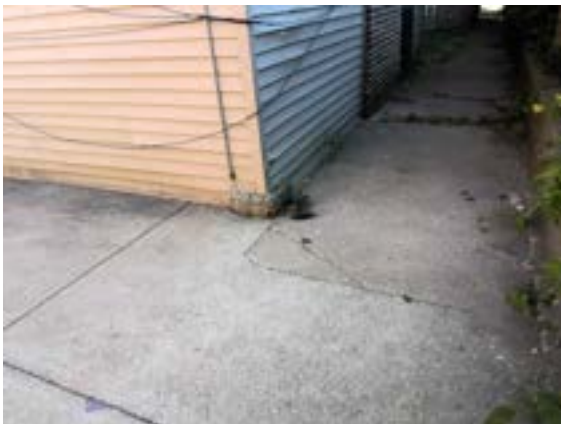
Commercial Multi Family



Exterior Foundation:



Exterior Foundation:



Exterior Foundation:



Exterior Foundation:

EXTERIOR FOUNDATION

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Attic / Roof

Method of Inspection ☒ No Access / Limited

ATTIC/FIRE EXTINGUISHER

G	F	P	NI	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Fire extinguisher tags expired.

Recommend further evaluation/repair by qualified contractor(s).

Leaks not always detectable.



Attic/Fire Extinguisher :



Attic/Fire Extinguisher :



Attic/Fire Extinguisher :



Attic/Fire Extinguisher :

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Interior Foundation

Foundation Type ☒ Basement

INTERIOR FOUNDATION LEFT

G	F	P	NI	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Efflorescence / Suspected Leak(s)

☒ General Deterioration

Comments:

Efflorescence along foundation wall(s). Efflorescence is a powdery deposit of salts which forms on the surface of bricks and mortar. It is usually caused by water intrusion.

Possible "mold like" growth noted.

Open junction boxes noted.

Recommend further evaluation/repair by qualified contractor(s).



Interior Foundation Left:



Interior Foundation Left:

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Interior Foundation Left:



Interior Foundation Left:



Interior Foundation Left: open junction boxes



Interior Foundation Left:



Interior Foundation Left:



Interior Foundation Left:



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Commercial Multi Family

INTERIOR FOUNDATION LEFT

G	F	P	NI	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Efflorescence / Suspected Leak(s)

☒ General Deterioration

Comments:

Efflorescence along foundation wall(s). Efflorescence is a powdery deposit of salts which forms on the surface of bricks and mortar. It is usually caused by water intrusion.

Possible "mold like" growth noted.

Open junction box noted.

Recommend further evaluation/repair by qualified contractor(s).



Interior Foundation Left:



Interior Foundation Left:



Interior Foundation Left:



Interior Foundation Left: exposed wires

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INTERIOR FOUNDATION RIGHT

G	F	P	NI	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Efflorescence / Suspected Leak(s)

☒ General Deterioration

Comments:

Efflorescence (E) along foundation wall(s). Efflorescence is a powdery deposit of salts which forms on the surface of bricks and mortar. It is usually caused by water intrusion.

Possible "mold like" growth noted.

Recommend further evaluation/repair by qualified contractor(s).



Interior Foundation Right: mold/moisture



Interior Foundation Right:



Interior Foundation Right:



Interior Foundation Right:

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Interior Foundation Right:



Interior Foundation Right: mold



Interior Foundation Right: mold/rot



Interior Foundation Right: mold, E

STRUCTURAL FRAME AND BUILDING ENVELOPE LEFT

☒ General Deterioration

☒ Limited Observation

	G	F	P	NI	NA
BEAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOISTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Possible "mold type" growth noted.

Recommend further evaluation/repair by qualified contractor(s).



Structural Frame and Building Envelope Left:



Structural Frame and Building Envelope Left:



Structural Frame and Building Envelope Left:



Structural Frame and Building Envelope Left:

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Structural Frame and Building Envelope Left: close



Structural Frame and Building Envelope Left:



Structural Frame and Building Envelope Left: close



Structural Frame and Building Envelope Left: close

STRUCTURAL FRAME AND BUILDING ENVELOPE RIGHT

	G	F	P	NI	NA
BEAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOISTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Possible "mold type" growth noted.

Recommend further evaluation/repair by qualified contractor(s).

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Structural Frame and Building Envelope Right:



Structural Frame and Building Envelope Right:



Structural Frame and Building Envelope Right:



Structural Frame and Building Envelope Right:



Structural Frame and Building Envelope Right:

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FLOOR / SLAB

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Concrete

☒ Cracks

☒ Differential

☒ Obscured / Covered

Comments:

All visible flooring was in good condition at time of inspection with no major defects noted.



Floor / Slab:



Floor / Slab:



Floor / Slab:



Floor / Slab:

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Floor / Slab:



Floor / Slab:

ELECTRICAL BUILDING

SERVICE SIZE (Main Panel)

☒ Brand: Siemens

☒ Main Disconnect Location: Lower Level

	G	F	P	NI	NA
SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPEN CONDUIT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Installation of meters not complete.

Open conduit/pipe rear.

Recommend further evaluation/repair by qualified electrical contractor(s).

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Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Commercial Multi Family



Electrical Building: not completed



Electrical Building:



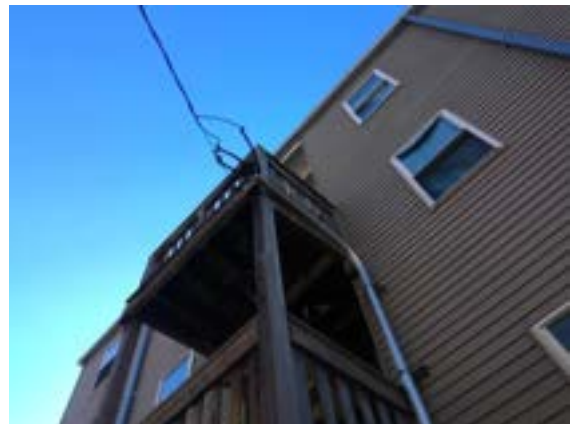
Electrical Building:



Electrical Building:



Electrical Building:



Electrical Building:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
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Commercial Multi Family



Electrical Building:



Electrical Building: rear left

ELECTRICAL UNIT 1

SERVICE SIZE (Main Panel)

☒ Brand: Siemens

☒ Main Disconnect Location: Main Floor

☒ 120 / 240 Volt (Nominal)

☒ 100 AMP

	G	F	P	NI	NA
SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BRANCH CIRCUITS	<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"/>

Comments:

Electrical acceptable at time of inspection.

Inspection Date:
10/02/2024

Inspector: Eddie Restani
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Commercial Multi Family



Electrical Unit 1:



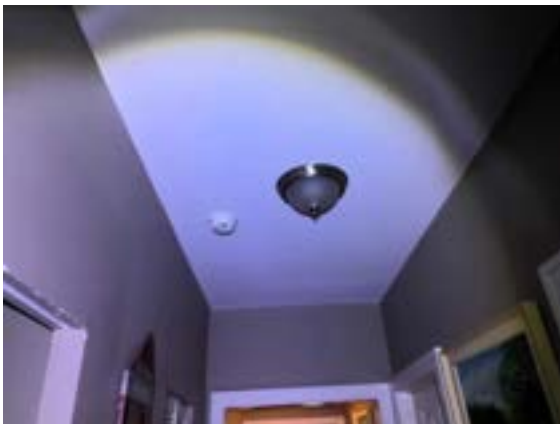
Electrical Unit 1:



Electrical Unit 1:



Electrical Unit 1:



Electrical Unit 1:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Commercial Multi Family

ELECTRICAL UNIT 2

SERVICE SIZE (Main Panel)

☒ Brand: Siemens

☒ Main Disconnect Location: Main Floor

☒ 120 / 240 Volt (Nominal)

☒ 100 AMP

	G	F	P	NI	NA
SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<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"/>
SMOKE DETECTORS*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Electrical acceptable at time of inspection.



Electrical Unit 2:



Electrical Unit 2:

Inspection Date:
10/02/2024

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Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
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Commercial Multi Family



Electrical Unit 2:



Electrical Unit 2:

ELECTRICAL UNIT 3

SERVICE SIZE (Main Panel)

☒ Brand: Siemens

☒ Main Disconnect Location: Main Floor

☒ 120 / 240 Volt (Nominal)

☒ 100 AMP

	G	F	P	NI	NA
SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<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"/>
SMOKE DETECTORS*	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Smoke/CO detector missing.

Recommend further evaluation/repair by qualified electrical contractor(s).

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450.012272 Expires 11/2026



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Electrical Unit 3:



Electrical Unit 3:



Electrical Unit 3:



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Commercial Multi Family

ELECTRICAL UNIT 4

SERVICE SIZE (Main Panel)

☒ Brand: Siemens

☒ Main Disconnect Location: Main Floor

☒ 120 / 240 Volt (Nominal)

☒ 100 AMP

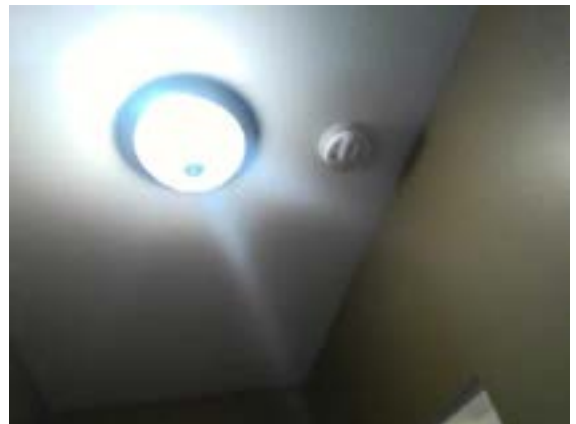
	G	F	P	NI	NA
SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BRANCH CIRCUITS	<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"/>
SMOKE DETECTORS*	<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"/>
BREAKERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Electrical acceptable at time of inspection.



Electrical Unit 4:



Electrical Unit 4:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



Property Inspections Plus, Inc. DBA National Property Inspections

Commercial Multi Family



Electrical Unit 4:

ELECTRICAL UNIT 5

SERVICE SIZE (Main Panel)

☒ Brand: Siemens

☒ Main Disconnect Location: Main Floor

☒ 120 / 240 Volt (Nominal)

☒ 100 AMP

	G	F	P	NI	NA
SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BRANCH CIRCUITS	<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"/>
SMOKE DETECTORS*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Electrical acceptable at time of inspection.

Inspection Date:
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Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Commercial Multi Family



Electrical Unit 5:



Electrical Unit 5:



Electrical Unit 5:



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Commercial Multi Family

ELECTRICAL UNIT 6

SERVICE SIZE (Main Panel)

☒ Brand: Siemens

☒ Main Disconnect Location: Main Floor

☒ 120 / 240 Volt (Nominal)

☒ 100 AMP

	G	F	P	NI	NA
SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<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"/>
SMOKE DETECTORS*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Electrical acceptable at time of inspection.



Electrical Unit 6:



Electrical Unit 6:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026

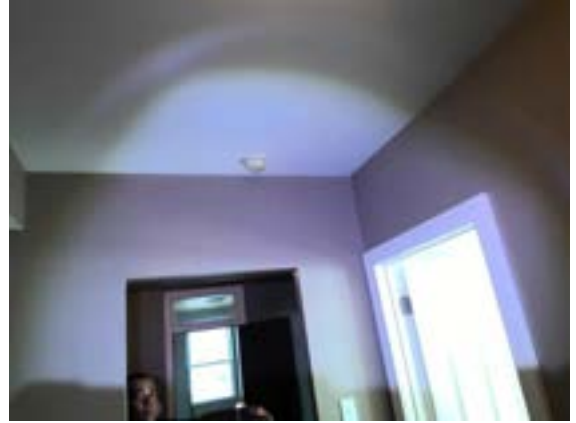


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Commercial Multi Family



Electrical Unit 6:



Electrical Unit 6:

PLUMBING BUILDING LEFT

Water Service

☒ Water Public

Sewage Service

☒ Sewage Public

☒ General Deterioration

☒ Suspected Leak(s)

	G	F	P	NI	NA
SUPPLY	<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"/>
FIRE SUPPRESSION SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Active leak noted left.

Recommend further evaluation/repair by qualified contractor(s).

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

Inspection Date:
10/02/2024

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Commercial Multi Family



Plumbing Building Left:



Plumbing Building Left:



Plumbing Building Left:



Plumbing Building Left: active leak



Plumbing Building Left:



Plumbing Building Left:

Inspection Date:
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450.012272 Expires 11/2026



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Commercial Multi Family



Plumbing Building Left:



Plumbing Building Left: pump, not turned on or used

WATER HEATER UNIT 1

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand: Rheem
SerialNo: Q291623308

Size: 40 Gallons

Age: 8 Year(s)

Design Life: 10-15 Year(s)

☒ Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection. Routine maintenance such as draining the water heater could prolong its lifespan. Always refer to manufactures' specifications before doing any maintenance on your water heater.



Water Heater Unit 1:



Water Heater Unit 1:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

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450.012272 Expires 11/2026



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Commercial Multi Family



Water Heater Unit 1:



Water Heater Unit 1:

WATER HEATER UNIT 2

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand: Rheem
SerialNo: q251635667

Size: 40 Gallons

Age: 8 Year(s)

Design Life: 10-12 Year(s)

☒ Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection. Routine maintenance such as draining the water heater could prolong its lifespan. Always refer to manufactures' specifications before doing any maintenance on your water heater.



Water Heater Unit 2:



Water Heater Unit 2:

Inspection Date: 10/02/2024
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Inspector Phone: 312-771-1293

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450.012272 Expires 11/2026



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Water Heater Unit 2:

WATER HEATER UNIT 3

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand: Rheem
SerialNo: Q211610430

Size: 40 Gallons

Age: 8 Year(s)

Design Life: 10-12 Year(s)

☒ Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection. Routine maintenance such as draining the water heater could prolong its lifespan. Always refer to manufactures' specifications before doing any maintenance on your water heater.



Water Heater Unit 3:



Water Heater Unit 3:

Inspection Date:
10/02/2024

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Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Water Heater Unit 3:

WATER HEATER UNIT 4

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand: Rheem
SerialNo: Q211610429

Size: 40 Gallons

Age: 8 Year(s)

Design Life: 10-12 Year(s)

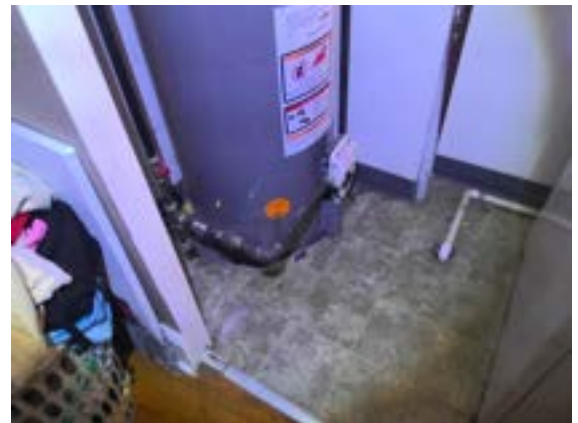
☒ Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection. Routine maintenance such as draining the water heater could prolong its lifespan. Always refer to manufactures' specifications before doing any maintenance on your water heater.



Water Heater Unit 4:



Water Heater Unit 4:

Inspection Date:
10/02/2024

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Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Water Heater Unit 4:



Water Heater Unit 4:

WATER HEATER UNIT 5

Brand: Rheem
SerialNo: Q082403869

Size: 40 Gallons

Age: 0 Year(s)

Design Life: 10-12 Year(s)

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection. Routine maintenance such as draining the water heater could prolong its lifespan. Always refer to manufactures' specifications before doing any maintenance on your water heater.



Water Heater Unit 5:



Water Heater Unit 5:

Inspection Date:
10/02/2024

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Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



Property Inspections Plus, Inc. DBA National Property Inspections

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Water Heater Unit 5:



Water Heater Unit 5:

WATER HEATER UNIT 6

Brand: Rheem
SerialNo: Q331608772

Size: 40 Gallons

Age: 8 Year(s)

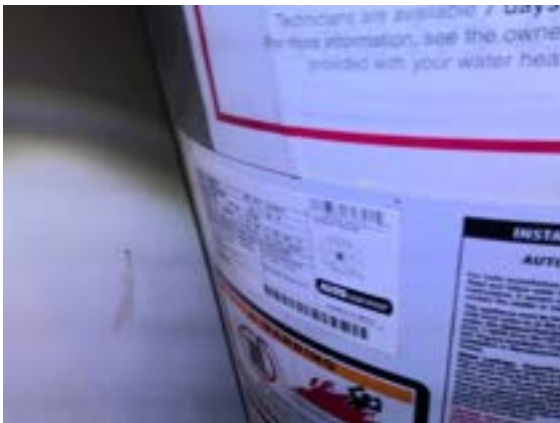
Design Life: 15-20 Year(s)

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection. Routine maintenance such as draining the water heater could prolong its lifespan. Always refer to manufactures' specifications before doing any maintenance on your water heater.



Water Heater Unit 6:



Water Heater Unit 6:

Inspection Date:
10/02/2024

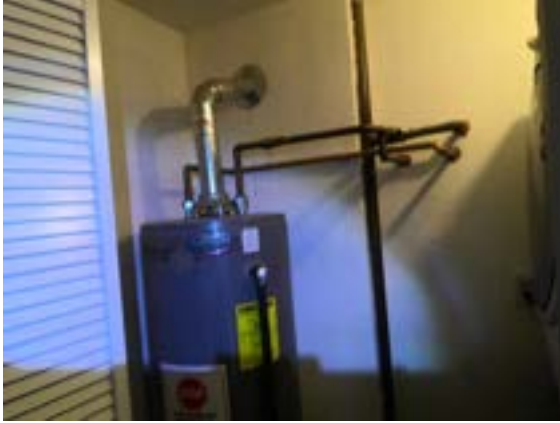
Inspector: Eddie Restani
Inspector Phone: 312-771-1293

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450.012272 Expires 11/2026



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Commercial Multi Family



Water Heater Unit 6:

LAUNDRY FACILITIES 1

Location: Main Floor

	G	F	P	NI	NA
UTILITY HOOKUPS	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Washer and dryer were a stacked unit which makes the plumbing and electrical connection(s) inaccessible.



Laundry Facilities 1:

Inspection Date:
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Commercial Multi Family

LAUNDRY FACILITIES 2

Location: Main Floor

	G	F	P	NI	NA
UTILITY HOOKUPS	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Washer and dryer were a stacked unit which makes the plumbing and electrical connection(s) inaccessible.



Laundry Facilities 2:

LAUNDRY FACILITIES 3

Location: Main Floor

	G	F	P	NI	NA
UTILITY HOOKUPS	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Washer and dryer were a stacked unit which makes the plumbing and electrical connection(s) inaccessible.

Inspection Date:
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Laundry Facilities 3:



Laundry Facilities 3:

LAUNDRY FACILITIES 4

Location: Main Floor

	G	F	P	NI	NA
UTILITY HOOKUPS	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Washer and dryer were a stacked unit which makes the plumbing and electrical connection(s) inaccessible.



Laundry Facilities 4:



Laundry Facilities 4:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
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Commercial Multi Family



Laundry Facilities 4:

LAUNDRY FACILITIES 5

Location: Main Floor

	G	F	P	NI	NA
UTILITY HOOKUPS	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Washer and dryer were a stacked unit which makes the plumbing and electrical connection(s) inaccessible.



Laundry Facilities 5:

Inspection Date:
10/02/2024

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Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
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Commercial Multi Family

LAUNDRY FACILITIES 6

Location: Main Floor

	G	F	P	NI	NA
UTILITY HOOKUPS	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Washer and dryer were a stacked unit which makes the plumbing and electrical connection(s) inaccessible.



Laundry Facilities 6:



Laundry Facilities 6:

HEATING UNIT 1

Brand: American Standard

Age: 4 Year(s)

SerialNo: 20422rxajg

☒ Gas

☒ Forced Air

	G	F	P	NI	NA
OPERATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Furnace was running properly at time of inspection. Heat distribution was acceptable with no problems to report. It is important that the furnace be properly maintained for efficiency and greater life span. Recommend a yearly maintenance program be set up with a local heating company to service and clean the furnace. This could greatly improve the life span of unit.

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Commercial Multi Family

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



Heating Unit 1:



Heating Unit 1:



Heating Unit 1:



Heating Unit 1:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Commercial Multi Family



Heating Unit 1:



Heating Unit 1:



Heating Unit 1:

HEATING UNIT 2

Brand: American Standard

Age: 8 Year(s)

Design Life: 15-20 Year(s)

SerialNo: 16436lxj2g

☒ Gas

☒ Forced Air

	G	F	P	NI	NA
OPERATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Condensation line missing.

Recommend further evaluation/repair by qualified contractor(s).

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
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Heating Unit 2:



Heating Unit 2:



Heating Unit 2:



Heating Unit 2:



Heating Unit 2:



Heating Unit 2:



Property Inspections Plus, Inc. DBA National Property Inspections

Commercial Multi Family

HEATING UNIT 3

Brand: American Standard

Age: 8 Year(s)

Design Life: 10-15 Year(s)

SerialNo: 16456x242g

☒ Gas

☒ Forced Air

OPERATION

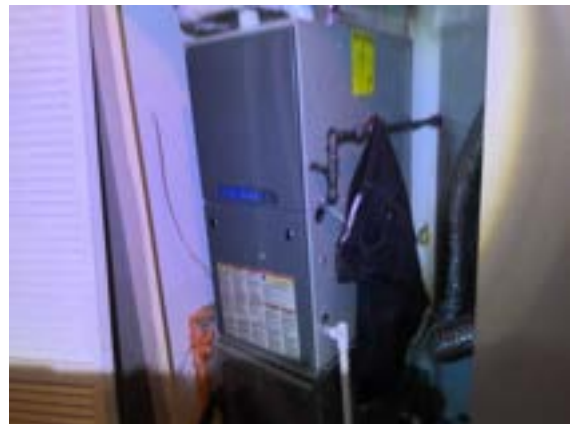
G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Furnace was running properly at time of inspection. Heat distribution was acceptable with no problems to report. It is important that the furnace be properly maintained for efficiency and greater life span. Recommend a yearly maintenance program be set up with a local heating company to service and clean the furnace. This could greatly improve the life span of unit.



Heating Unit 3:



Heating Unit 3:



Heating Unit 3:



Heating Unit 3:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



Property Inspections Plus, Inc. DBA National Property Inspections

Commercial Multi Family



Heating Unit 3:



Heating Unit 3:



Heating Unit 3:

HEATING UNIT 4

Brand: American Standard

Age: 8 Year(s)

Design Life: 15-20 Year(s)

SerialNo: 16455tbf2g

☒ Gas

☒ Forced Air

	G	F	P	NI	NA
OPERATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Furnace was running properly at time of inspection. Heat distribution was acceptable with no problems to report. It is important that the furnace be properly maintained for efficiency and greater life span. Recommend a yearly maintenance program be set up with a local heating company to service and clean the furnace. This could greatly improve the life span of unit.

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Heating Unit 4:



Heating Unit 4:



Heating Unit 4:



Heating Unit 4:



Heating Unit 4:



Heating Unit 4:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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HEATING UNIT 5

Brand: American Standard

Age: 8 Year(s)

SerialNo: 164361yd2g

☒ Gas

☒ Forced Air

OPERATION

G	F	P	NI	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Furnace was running properly at time of inspection. Heat distribution was acceptable with no problems to report. It is important that the furnace be properly maintained for efficiency and greater life span. Recommend a yearly maintenance program be set up with a local heating company to service and clean the furnace. This could greatly improve the life span of unit.



Heating Unit 5:



Heating Unit 5:



Heating Unit 5:



Heating Unit 5:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Commercial Multi Family



Heating Unit 5:



Heating Unit 5:



Heating Unit 5:

HEATING UNIT 6

Brand: American Standard

Age: 8 Year(s)

Design Life: 15-20 Year(s)

SerialNo: 16456xyk26

☒ Gas

☒ Forced Air

	G	F	P	NI	NA
OPERATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Furnace was running properly at time of inspection. Heat distribution was acceptable with no problems to report. It is important that the furnace be properly maintained for efficiency and greater life span. Recommend a yearly maintenance program be set up with a local heating company to service and clean the furnace. This could greatly improve the life span of unit.

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
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Heating Unit 6:



Heating Unit 6:



Heating Unit 6:



Heating Unit 6:



Heating Unit 6:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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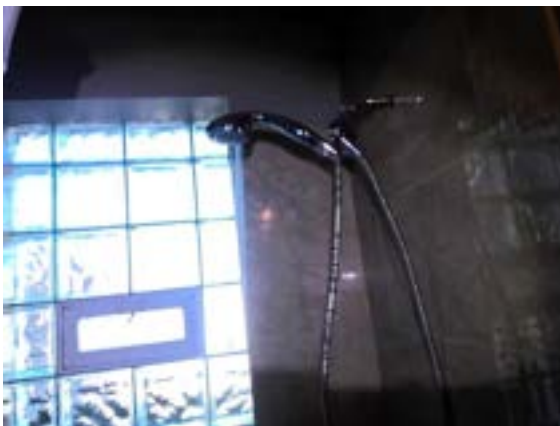
Commercial Multi Family

UNIT 1 BATHROOM 1N

	G	F	P	NI	NA
CEILING(S)	<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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

All components in bathroom were acceptable at time of inspection.



Unit 1 Bathroom 1N:



Unit 1 Bathroom 1N:

Inspection Date: 10/02/2024
Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



Property Inspections Plus, Inc. DBA National Property Inspections

Commercial Multi Family



Unit 1 Bathroom 1N:



Unit 1 Bathroom 1N:

UNIT 2 BATHROOM 1S

	G	F	P	NI	NA
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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

All components in bathroom were acceptable at time of inspection.

Inspection Date:
10/02/2024

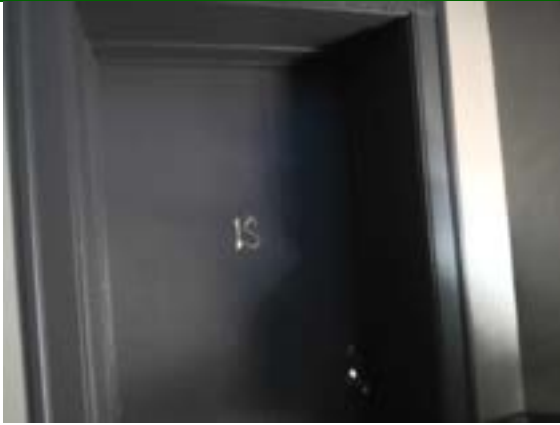
Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026

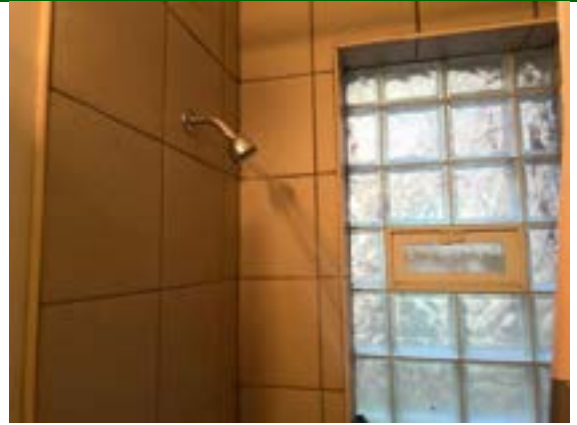


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Commercial Multi Family



Unit 2 Bathroom 1S:



Unit 2 Bathroom 1S:



Unit 2 Bathroom 1S:



Unit 2 Bathroom 1S:



Property Inspections Plus, Inc. DBA National Property Inspections

Commercial Multi Family

UNIT 3 BATHROOM 2N

	G	F	P	NI	NA
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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Toilet loose.

Recommend further evaluation/repair by qualified contractor(s).

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
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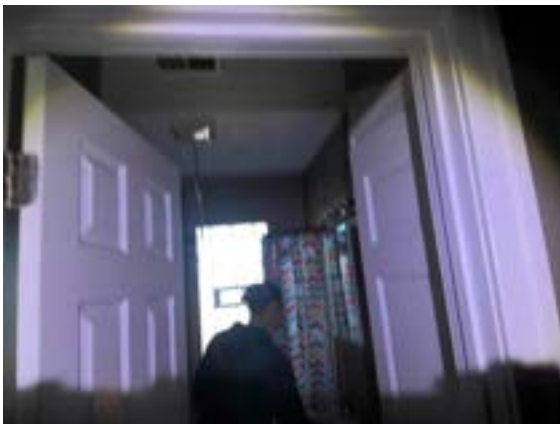
Commercial Multi Family



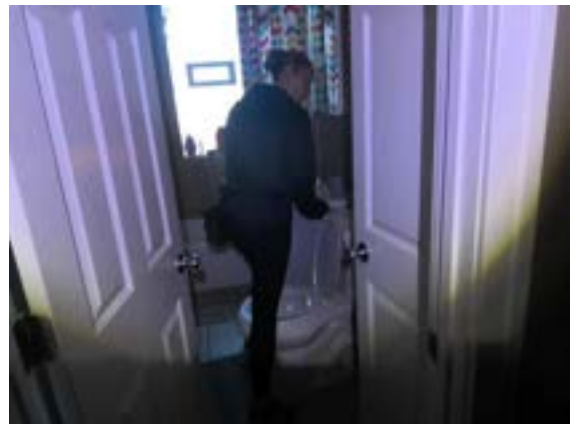
Unit 3 Bathroom 2N:



Unit 3 Bathroom 2N: loose



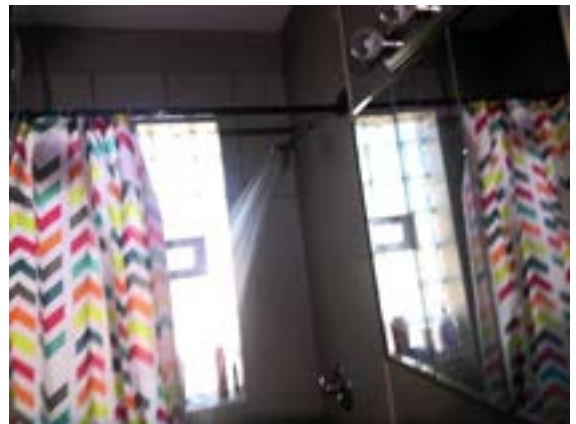
Unit 3 Bathroom 2N:



Unit 3 Bathroom 2N:



Unit 3 Bathroom 2N:



Unit 3 Bathroom 2N:



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UNIT 4 BATHROM 2 S

	G	F	P	NI	NA
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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

All components in bathroom were acceptable at time of inspection.



Unit 4 Bathrom 2 S:



Unit 4 Bathrom 2 S:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Unit 4 Bathrom 2 S:

UNIT 5 BATHROOM 3N

	G	F	P	NI	NA
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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

All components in bathroom were acceptable at time of inspection.

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026



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Commercial Multi Family



Unit 5 Bathroom 3N:



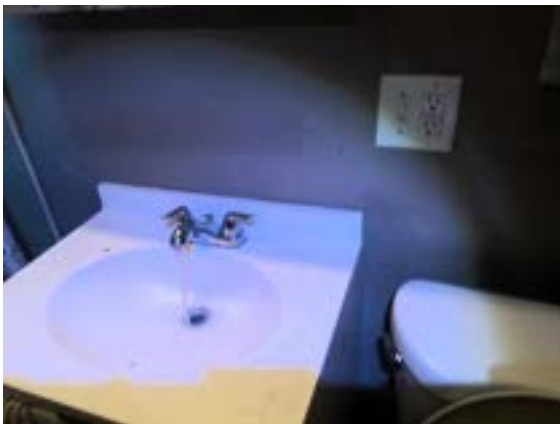
Unit 5 Bathroom 3N:



Unit 5 Bathroom 3N:



Unit 5 Bathroom 3N:



Unit 5 Bathroom 3N:

Inspection Date:
10/02/2024

Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
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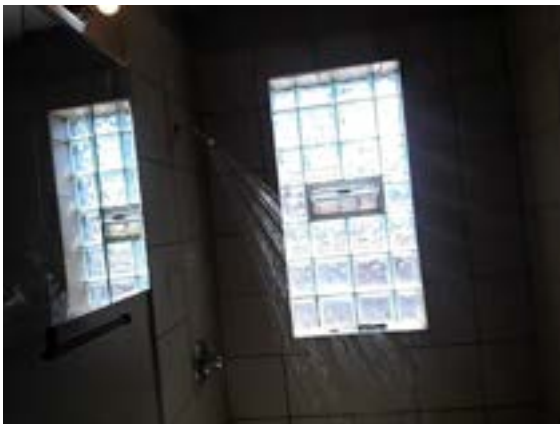
Commercial Multi Family

UNIT 6 BATHROOM 3 S

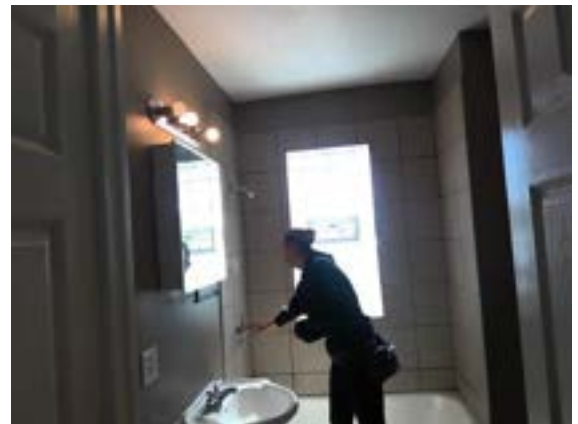
	G	F	P	NI	NA
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

All components in bathroom were acceptable at time of inspection.



Unit 6 Bathroom 3 S:



Unit 6 Bathroom 3 S:

Inspection Date: 10/02/2024
Inspector: Eddie Restani
Inspector Phone: 312-771-1293

Email: Eddie.Restani@Npiinspect.com
450.012272 Expires 11/2026

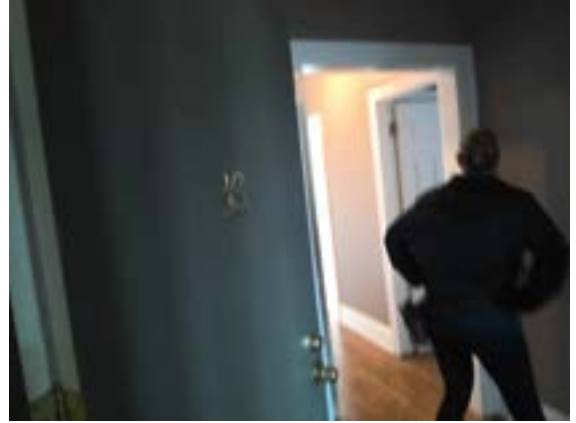


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Unit 6 Bathroom 3 S:



Unit 6 Bathroom 3 S:



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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.

1 CHIMNEY(S)

POOR

Chimneys (2) had no cap/spark arrestor to prevent water from entering chimney and spark retention if chimney was used for a wood burning.

Deteriorated brick/mortar noted on chimney.

Recommend further evaluation/repair by qualified contractor(s).



CHIMNEY(S):



CHIMNEY(S):



CHIMNEY(S):



CHIMNEY(S):

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CHIMNEY(S):

2 EXTERIOR SURFACE

Exterior Faucets

POOR

Faucet inoperative front.

Recommend further evaluation/repair by qualified contractor(s).



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3 FENESTRATION SYSTEMS

POOR

Cracked block windows noted.

Recommend further evaluation/repair by qualified contractor(s).



FENESTRATION SYSTEMS: cracked front



FENESTRATION SYSTEMS: cracked front



FENESTRATION SYSTEMS: cracked front



FENESTRATION SYSTEMS: cracked front

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4 ATTIC/FIRE EXTINGUISHER

POOR

Fire extinguisher tags expired.

Recommend further evaluation/repair by qualified contractor(s).



ATTIC/FIRE EXTINGUISHER :



ATTIC/FIRE EXTINGUISHER :



ATTIC/FIRE EXTINGUISHER :

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5 INTERIOR FOUNDATION LEFT

POOR

Efflorescence along foundation wall(s). Efflorescence is a powdery deposit of salts which forms on the surface of bricks and mortar. It is usually caused by water intrusion.

Possible "mold like" growth noted.

Open junction boxes noted.

Recommend further evaluation/repair by qualified contractor(s).



INTERIOR FOUNDATION LEFT:



INTERIOR FOUNDATION LEFT:



INTERIOR FOUNDATION LEFT:



INTERIOR FOUNDATION LEFT: open junction boxes

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INTERIOR FOUNDATION LEFT:



INTERIOR FOUNDATION LEFT:



INTERIOR FOUNDATION LEFT:



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6 INTERIOR FOUNDATION LEFT

POOR

Efflorescence along foundation wall(s). Efflorescence is a powdery deposit of salts which forms on the surface of bricks and mortar. It is usually caused by water intrusion.

Possible "mold like" growth noted.

Open junction box noted.

Recommend further evaluation/repair by qualified contractor(s).



INTERIOR FOUNDATION LEFT:



INTERIOR FOUNDATION LEFT:



INTERIOR FOUNDATION LEFT:



INTERIOR FOUNDATION LEFT: exposed wires

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7 INTERIOR FOUNDATION RIGHT

POOR

Efflorescence (E) along foundation wall(s). Efflorescence is a powdery deposit of salts which forms on the surface of bricks and mortar. It is usually caused by water intrusion.

Possible "mold like" growth noted.

Recommend further evaluation/repair by qualified contractor(s).



INTERIOR FOUNDATION RIGHT: mold/moisrure



INTERIOR FOUNDATION RIGHT:



INTERIOR FOUNDATION RIGHT:



INTERIOR FOUNDATION RIGHT:



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INTERIOR FOUNDATION RIGHT:



INTERIOR FOUNDATION RIGHT: mold



INTERIOR FOUNDATION RIGHT: mold/rot



INTERIOR FOUNDATION RIGHT: mold, E



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8 STRUCTURAL FRAME AND BUILDING ENVELOPE LEFT

Mold

POOR

Possible "mold type" growth noted.

Recommend further evaluation/repair by qualified contractor(s).



STRUCTURAL FRAME AND BUILDING ENVELOPE
LEFT:



STRUCTURAL FRAME AND BUILDING
ENVELOPE LEFT:



STRUCTURAL FRAME AND BUILDING ENVELOPE
LEFT: close



STRUCTURAL FRAME AND BUILDING
ENVELOPE LEFT:

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STRUCTURAL FRAME AND BUILDING ENVELOPE
LEFT: close



STRUCTURAL FRAME AND BUILDING ENVELOPE
LEFT: close

9 STRUCTURAL FRAME AND BUILDING ENVELOPE RIGHT

Mold

POOR

Possible "mold type" growth noted.

Recommend further evaluation/repair by qualified contractor(s).



STRUCTURAL FRAME AND BUILDING ENVELOPE
RIGHT:



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10 ELECTRICAL BUILDING

Service

POOR

Open Conduit

POOR

Installation of meters not complete.

Open conduit/pipe rear.

Recommend further evaluation/repair by qualified electrical contractor(s).



ELECTRICAL BUILDING: not completed



ELECTRICAL BUILDING: rear left

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11 ELECTRICAL UNIT 3

Smoke Detectors*

POOR

Smoke/CO detector missing.

Recommend further evaluation/repair by qualified electrical contractor(s).



ELECTRICAL UNIT 3:



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12 PLUMBING BUILDING LEFT

Leak

POOR

Active leak noted left.

Recommend further evaluation/repair by qualified contractor(s).



PLUMBING BUILDING LEFT: active leak



PLUMBING BUILDING LEFT:



PLUMBING BUILDING LEFT:

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13 HEATING UNIT 2

Operation

FAIR

Condensation line missing.

Recommend further evaluation/repair by qualified contractor(s).



HEATING UNIT 2:



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14 UNIT 3 BATHROOM 2N

Toilet

POOR

Toilet loose.

Recommend further evaluation/repair by qualified contractor(s).



UNIT 3 BATHROOM 2N: loose

F (FAIR)

Average condition for the building system evaluated, taking into consideration factors of age and design. Some short term or immediate maintenance or repairs are recommended to return the system to a good condition.

P (POOR)

Below-average condition for the building system evaluated, taking into consideration factors of age and design. Immediate repair, significant work or replacement is anticipated to return the building system to a good or fair condition.

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