

Inspection Report
By
Certified Home
Inspection
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55 Lakeview Street
Buffalo
New York, 14000

General Information

Property Address: **55 Lakeview Street**

Time Started: **10:00am**

Town/City: **Buffalo** Zip Code: **14000** Tax ID: **160203-101-420-0055-130-000**

Overall Description: _____ Ranch _____ Raised Ranch _____ Split Level _____ Cape Cod
 Colonial _____ Contemporary _____ Duplex _____ Two Family _____ Multiple _____ Condo

Square Footage: **2650** Lot Size: **125' X 332'** Year Built: **2004** Age: **11 yrs.**

Garage: _____ 1 Car _____ 1 1/2 Car 2 Car _____ 2 1/2 Car _____ 3 Car
 Attached _____ Detached _____ Carport _____ None

Driveway: _____ Stone _____ Asphalt Concrete _____ Other None

Residence Is: Owner-occupied _____ Tenant _____ Vacant

Water Supply: On _____ Off Electric Utility: On _____ Off Fuel Supply: On _____ Off

Present at Inspection: Client _____ Buyer _____ Seller Agent for Buyer
 _____ Agent for Seller _____ Tenant _____ No One _____ Others below

Agent/Contact: **Mary Realtor**

Cell Number: **716-479-4833**

Weather: Sunny _____ Cloudy _____ Rain _____ Sleet _____ Windy _____ Snow

Temperature: **80F**

Date of Inspection: **July 4, 2015**

Client Information

Client's Name: **Fred S. Lima**

Cell Number: **716-479-4833**

Email: **fred@wnychi.com**

Time Completed: **12:15pm**

Grading System

Description of codes used in this report:

(S) Satisfactory - This refers to a system or component that is functional, shows typical or expected aging and is in average condition or better. No repair or replacement in the reasonably near future is anticipated. A "✓" is placed in the appropriate column if this applies.

(M) Marginal - This refers to a system or component that is functional but may need professional evaluation. It also may refer to a system or component that is functional but MAY NEED replacement or repair within 2 years. Some components will need monitoring as future repairs cannot be ruled out. A "✓" is placed in the appropriate column if this applies.

(P) Poor - This refers to a system or component which is defective and should be repaired or replaced. Items that receive this rating are summarized in the Home Inspection Report and emailed to you along with photographs taken during the inspection. A "✓" is placed in the appropriate column if this applies.

(U) Unsafe - This refers to conditions noted during the inspection that are concerns now and are safety-related and/or could require further professional evaluation by a licensed specialist (electrician, plumber, engineer, etc.). Items that receive this rating are summarized explained in the Home Inspection Report that is emailed to you along with photographs taken during the inspection. A "✓" is placed in the appropriate column if this applies.

(NA) Not applicable - This refers to items NOT present or applicable at the subject property being inspected. For example, if there are no skylights noted, "NA" would be "✓" in the appropriate section of the report.


(D) Disclaimed - This refers to those specific areas that are not visually, physically or otherwise accessible by the Home Inspector at time of inspection. It may also apply to items such as plumbing if the home was winterized, the condition of the central air conditioning system (if it is below 65 degrees Fahrenheit), and any "work-in-progress"

<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
7. Topography at Site	Swale Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/>			
Grade or Pitch	<input checked="" type="checkbox"/> Away from Foundation <input type="checkbox"/> Toward Foundation <input checked="" type="checkbox"/> Level				
8. Vegetation Proximate to Buildings, Overhead Wires		<input checked="" type="checkbox"/>			

Attached Porches

<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
1. Attached Porches	<input checked="" type="checkbox"/> Present <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>			
2. Porch Stairs and Landing	<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Carpet Covered	<input checked="" type="checkbox"/>			
3. Porch Railings and/or Columns		<input checked="" type="checkbox"/>			
4. Porch Ceilings	<input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>			
5. Porch Lighting	Functional <input checked="" type="checkbox"/> Present <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>			
6. Porch Skirting	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Formed Concrete <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/>			
Accessible					

Deck/Patio


<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>1. Decks/Patio <input checked="" type="checkbox"/> Present ___ N/A</p> <p>Location ___ Front <input checked="" type="checkbox"/> Back ___ Side</p> <p style="text-align: right;">Approximate Size <i>16' X 10'</i></p>	<input checked="" type="checkbox"/>			
<p>2. Material Used <input checked="" type="checkbox"/> Wood ___ Concrete ___ Composite</p> <p>Finish ___ Paint ___ Stain ___ Carpet</p> <div style="text-align: center;">  </div> <p><i>Comments: The deck attached to the rear of this building is of wood. Areas of this deck show no sign of paint or stain. Untreated wood in time will rot. Staining the unfinished areas will help prevent rot of the wood and extend the life of this deck. It will also improve the appearance of this deck.</i></p>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<p>3. Guard Rails/ Hand Rails <input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> Functional</p>	<input checked="" type="checkbox"/>			
<p>4. Skirting <input checked="" type="checkbox"/> Yes ___ No</p> <p>Accessible ___ Yes <input checked="" type="checkbox"/> No ___ N/A</p>	<input checked="" type="checkbox"/>			
<p>5. Deck/Patio Lighting <input checked="" type="checkbox"/> Present ___ N/A Functional <input checked="" type="checkbox"/> Yes ___ No</p>	<input checked="" type="checkbox"/>			

Storage Sheds

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
1. Interior ✓ Accessible ___ Not Accessible ___ N/A ___ Disclaimed	✓			
2. Approximate Size Overall Condition 8' X 10'	✓			
3. Exterior	✓			


Roof Inspection

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
1. Method Used to Inspect Roof Systems and Components ✓ Visual from Ground ___ Binocular ___ From Ladder ___ On Roof	✓			
2. Underside Of Roof Sheathing Interior Inspection ✓ Yes ___ No ✓ Accessible ___ Not Accessible ✓ Disclaimed	D			
<i>Comments: A small area of the roof deck was observed. However, it was not enough to be considered a full evaluation or inspection. For that reason, the underside of the roof deck and all its components is disclaimed.</i>				

<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>3. Roof Covering</p> <p>✓ Asphalt Shingles ___ Wood ___ Metal ___ Clay Tile ___ Slate ___ Rolled/Rubber</p>  <p><i>Comments: Notice the shingles pictured above are cupping. Loss of the granular covering is apparent. It is clear that this material is beyond its expected life. Replacement is needed.</i></p>			✓		
<p>4. Roof Drainage System</p> <p>✓ Aluminum ___ Plastic ___ Yankee</p>	✓				
<p>5. Downspouts, Elbows, and Point of Discharge</p>	✓				

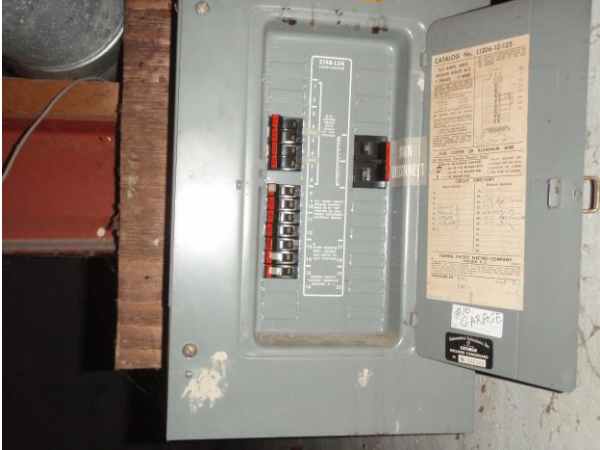
Roof Penetrations

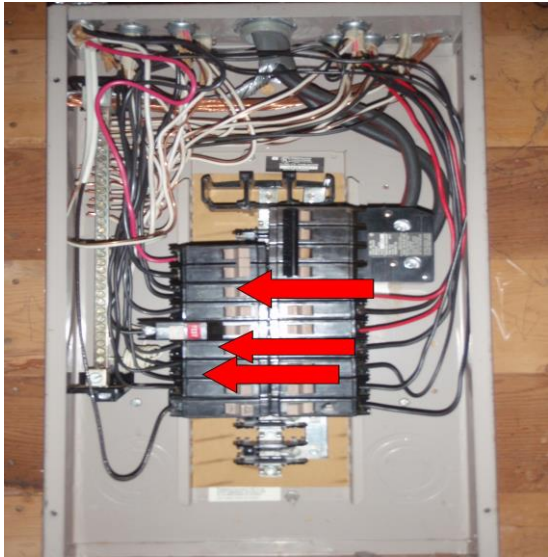
<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>1. Chimneys ✓ 1 ___ 2 ___ 3</p> <p>___ Metal ___ Aluminum ___ Brick ___ Stone ___ Composite</p>	✓				
<p>2. Mortar Joints</p> <p>✓ N/A</p>	N/A				

<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>3. Chimney Cap</p> <div style="text-align: center;">  </div> <p><i>Comments: This photograph shows the chimney atop the roof. Note that the flue pictured here is missing its cap. This will allow moisture and debris to enter and possibly damage the homes heating system. It is recommended to install a cap over this flue to prevent moisture or debris from entering.</i></p>			✓		
<p>4. Chimney Flashing Utilized</p> <p><i>Material Used</i></p> <p style="text-align: right;">✓ Yes ___ No</p> <p>✓ Aluminum ___ Copper ___ Metal</p> <p style="text-align: right;">___ Tar Covered</p> <p style="text-align: right;">___ Disclaimed</p>		✓			
<p>5. Vent Pipes ___ 1 ✓ 2 ___ 3 ___ 4</p> <p style="text-align: right;">___ Aluminum ___ Copper</p> <p>___ Plastic ✓ Cast Iron ✓ Steel</p> <p style="text-align: right;">___ Unknown</p>		✓			
<p>6. Vent Pipe Flashing Utilized</p> <p style="text-align: right;">✓ Yes ___ No</p> <p>___ Tar Covered ___ None Noted</p> <p style="text-align: right;">___ Disclaimed</p>		✓			
<p>7. Vent Pipe Height and Distance from Windows, Roof, and Other Obstructions</p> <p><i>(National Standards 12" maximum height, 2'-3' above doors or windows, 10' away from door/window at same elevation)</i></p>		✓			
<p>8. Skylights</p> <p><i>Repairs Noted</i></p> <p style="text-align: right;">___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ✓ N/A</p> <p style="text-align: right;">___ Yes ___ No</p>		N/A			

Systems and Components		S	M	P	U
3. Condition of Foundation Walls	<input type="checkbox"/> Bowing <input type="checkbox"/> Heaving <input type="checkbox"/> Efflorescence <input type="checkbox"/> Spalling <input type="checkbox"/> Disclaimed	✓			
4. Evidence of Cracks	<input type="checkbox"/> Shrinkage <input type="checkbox"/> Settlement <input type="checkbox"/> Lateral Thrust <input type="checkbox"/> Differential Movement <input type="checkbox"/> Rotation <input type="checkbox"/> Disclaimed	✓			
5. Evidence of Moisture	<input checked="" type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Staining	✓			
6. Condition of Basement Floor	<input type="checkbox"/> Heaving <input type="checkbox"/> Cracking <input type="checkbox"/> Spalling <input type="checkbox"/> Standing Water <input type="checkbox"/> Covered <input type="checkbox"/> Disclaimed	✓			
7. Floor Joist Size Deficiencies Noted	<input type="checkbox"/> 2" X 6" <input type="checkbox"/> 2" X 8" <input checked="" type="checkbox"/> 2" X 10" <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Visible <input type="checkbox"/> Disclaimed	✓			
8. Main Beam	<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Not Visible <input type="checkbox"/> Disclaimed	✓			
9. Basement Windows		✓			
10. Smoke Detectors Noted	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
11. Carbon Monoxide Detectors	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<p>(Testing of smoke detectors is beyond the scope of a Home Inspection. We will only note if they are present. It is recommended that smoke detectors should be on every floor level and should be near all sleeping areas.)</p> <p>Comments: Inspection of the basement proved that smoke detectors were not in place. This is a safety issue. It is a National Standard to have smoke detectors located on every floor level and near all sleep areas. Installing a smoke detector is advised. Further inspection proved that a Carbon Monoxide Detector was not in place. This is also a safety issue. New York State requires all homes to have a Carbon Monoxide Detector located in all basements and on any floor with sleeping quarters. Installing a Carbon Monoxide Detector in the basement is recommended.</p>					✓
12. Sump Pump Note	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Floor Drain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	✓			
13. Utility Tub/Water Supply		✓			

Electrical Inspection

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
1. Service Drop Exterior Condition <input checked="" type="checkbox"/> Overhead ___ Underground	<input checked="" type="checkbox"/>			
2. Drip Loop and Service Point <i>Masthead Present</i> ___ Yes <input checked="" type="checkbox"/> No ___ N/A	<input checked="" type="checkbox"/>			
3. Service Entrance and Meter Box <i>Location: Left Exterior Wall</i>	<input checked="" type="checkbox"/>			
4. Service Entrance Wire	<input checked="" type="checkbox"/>			
5. Service Panel Location <input checked="" type="checkbox"/> Basement ___ First Floor ___ Second Floor ___ Attic ___ Garage ___ Other Amps ___ 60 <input checked="" type="checkbox"/> 100 ___ 125 ___ 150 ___ 200 Main Disconnect Present <input checked="" type="checkbox"/> Yes ___ No Sub Panels ___ Yes <input checked="" type="checkbox"/> No CUAL CO/ALR ___ Yes ___ No <input checked="" type="checkbox"/> N/A <i>(Aluminum Wire Only)</i>	N/A			
				<input checked="" type="checkbox"/>
<p><i>Comments: This is a Federal Pacific Breaker box. An expert who investigated the potential hazards of Federal Pacific Electric panels stated under UL 489 test conditions, found that FPE panels fail to trip at a much higher rate than standard panels. When a breaker fails to trip, an extreme amount of power from the outside electrical supply surges into a home's panel and circuits. Once that happens, it cannot be stopped or shut off manually. Electricity will burn until it runs out of fuel or the wires melt. The panel could overheat and catch fire. Replacement is advised.</i></p>				


<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>6. Type of Wire</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Copper ___ Aluminum ___ Copper-Clad Aluminum ___ Solder-Dipped Copper</p> <p>Type of Grounding</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Water Pipe ___ Grounding Rod</p> <p>Bonding Present</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes ___ No</p>		<input checked="" type="checkbox"/>			
<p>7. Circuit Breakers</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes ___ No</p> <p>Fuses</p> <p style="text-align: right;">___ Yes <input checked="" type="checkbox"/> No</p> <p><i>(If fuses are present note that they can work loose in their fuse holder. We recommend they be checked by a licensed electrician at least once a year making sure they are finger tight)</i></p> <p>Knob and Tube Wiring Present</p> <p style="text-align: right;">___ Yes <input checked="" type="checkbox"/> No</p>		<input checked="" type="checkbox"/>			
<p>8. Interior of Panel Box</p> <p>Signs of Rust</p> <p style="text-align: right;">___ Yes <input checked="" type="checkbox"/> No</p> <p>Sheathing Length</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Acceptable ___ To Long ___ To Short</p> <p>Loose Wires</p> <p style="text-align: right;">___ Yes <input checked="" type="checkbox"/> No</p> <p>Openings in Panel Box</p> <p style="text-align: right;">___ Yes <input checked="" type="checkbox"/> No</p> <p>Double Taps</p> <p style="text-align: right;">___ Acceptable <input checked="" type="checkbox"/> Yes ___ No</p>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
					
<p>Comments: <i>The above photograph shows several double taps in the electrical panel box. This is an unsafe arrangement. The wires in the breakers may come loose, or over heat the breaker itself. It is advised to consult a qualified electrician to evaluate this arrangement and suggest as to what repairs are needed. We will always recommend a qualified electrician to do all electrical repairs.</i></p>					

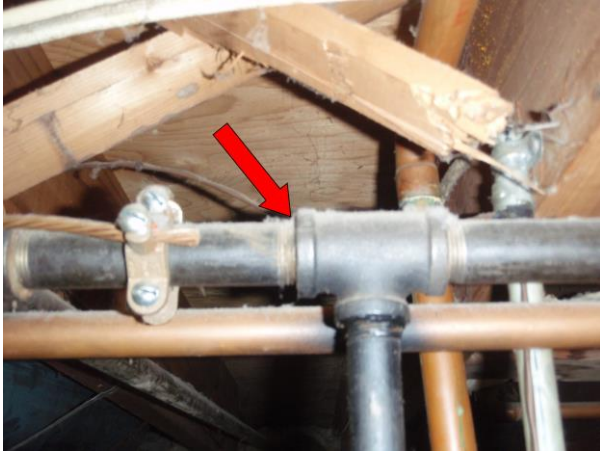
<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>9. Evidence of Over Fusing ✓ Yes ___ No</p> <p><i>(National Standard of Breaker Size/Wire Size using Copper Wire 14ga=15amp 12ga=20amp 10ga=30amp 8ga=40amp 6ga=70amp 4ga=100amp 2ga=125amp 1ga=150amp 2/0=200amp)</i></p> <p>Evidence of Over Heating ✓ None Noted ___ Yes ___ No</p> <p>Any Mechanical Damage ✓ None Noted ___ Yes ___ No</p>	✓			
<p>10. Exposed Wiring Location: _____ ✓ None Noted ___ Yes ___ No</p> <p>Open/Uncovered Junction Box/Receptacle Location: _____ ✓ None Noted ___ Yes ___ No</p>	✓			

Plumbing Inspection

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>1. Water Source ✓ Municipal ___ Private Well</p> <p>Location of Service</p> <p>Pipe (Water Entry Piping): <i>Front Basement Wall</i></p> <p>Location of Meter: <i>Basement</i></p> <p>Location of Main Shut Off: <i>At Meter</i></p> <p>Water Pressure: <i>80 psi</i></p>	✓			
<p>2. Septic System ___ Yes ✓ N/A</p>	N/A			
<p>3. Electrical Ground Jumper</p> <p>Wire at Meter ✓ Yes ___ No ___ N/A</p>	✓			
<p>4. Interior Supply Piping Used ✓ Copper ___ Galvanized ___ Plastic ___ Lead ___ Not Visible Disclaimed</p>	✓			

Systems and Components		S	M	P	U
<p>5. Interior Waste Piping and/or Drain Piping Used <i>Evidence of Galvanized Pipe Within 6 inches of Grade</i></p>	<p><input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Plastic <input checked="" type="checkbox"/> Cast Iron <input type="checkbox"/> Not Visible Disclaimed</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None Noted</p>	✓			
<p>6. Sump Pumps Noted <i>Check Valve Installed</i> <i>Checked and Operable</i> <i>Sump Pump Cover</i> <i>Basement Floor Drain Noted</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> In Place <input type="checkbox"/> Missing</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Obstructed</p>	✓			
<p>7. Water Heater <i>Manufacturer: Kenmore</i> <i>Capacity In Gallons</i> <input type="checkbox"/> 30 <input checked="" type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 80 <i>Other</i> _____ <i>Temperature/Pressure</i> <i>Relief Valve (TPR)</i> <i>Down Tube at TPR</i> <i>(Pressure Relief Valve is usually located at or near the top of the boiler and is piped down to a discharge point, National Standard suggest typically 6 to 12 inches above the floor level)</i> <i>Fan Assisted</i></p>	<p><i>Age: 4 yrs.</i></p> <p><input type="checkbox"/> Missing <input checked="" type="checkbox"/> Present <input type="checkbox"/> Appears Intact</p> <p><input type="checkbox"/> Missing <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Operable <input type="checkbox"/> Inoperable</p>	✓			
<p>8. Water Heater On and Operable <i>Fuel Used</i> <i>Fuel Supply Lines at Tank Checked for Leaks</i> <i>Method Used</i> <i>Results:</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disclaimed</p> <p><input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Visual <input checked="" type="checkbox"/> Detector</p> <p><input checked="" type="checkbox"/> None Detected <input type="checkbox"/> Leaks</p>	✓			
<p>9. PROPANE FUELED ONLY <i>Concerns of Low Lying Areas</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	N/A			
<p>10. Shut Off Valves Noted <i>Concerns of Cross Connections</i> <i>Drip Legs Present</i></p>	<p><i>Fuel Supply</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Water Supply</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	✓			


Systems and Components		S	M	P	U
<p>11. Burner Condition</p> <p>Corrosion Noted ✓ None ___ Traces ___ Significant Amounts</p> <p>Evidence of Flame Roll-out ✓ None ___ Traces ___ Significant Amounts</p> <p>Flame Color ✓ Blue ___ Orange ___ Red ___ Yellow</p> <p>Flame Characteristics ✓ Steady ___ Wavering ___ Lifting off Burner ___ Some Flickering ___ Significant Flickering</p>		✓			
<p>12. Vent Connector and Draft Hood ✓ Secured and in Place ___ Signs of Compromise</p> <p>Evidence of Corrosion ✓ None ___ Traces ___ Significant Amounts</p> <p>Hanger spacing/Pitch ___ Acceptable ✓ Not Acceptable</p> <p><i>(Hanger spacing depends on the material used. National Standard for pitch is 1\4" per foot)</i></p> <p>Adequate Clearance from Combustibles ✓ Acceptable ___ Not Acceptable</p> <p><i>(National Standard for clearance from combustibles on vent connectors is 6" unless a B vent is used, in which case 1" clearance is all that is required)</i></p> <p>Presents of Carbon Monoxide Detector Used ✓ Yes ___ No</p> <p style="margin-left: 350px;">✓ None Detected ___ Detected Detector Reading: 0.00%</p>		✓			
					✓
<p>Comments: <i>Pictured above is the vent connector utilized at the how water heater. The red line indicates what would be level. Vent connectors should raise at a rate of 1\4" per foot. This will insure proper flow of burnt fuel. A negative grade as seen above could result in Carbon Monoxide issues. Reconfiguring this vent connector is advised.</i></p>					

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>13. Natural Gas Lines Leaks Detected ✓ Yes ___ No</p> <div style="text-align: center;">  </div> <p><i>Comments: In the photograph above the arrow point to a union where a Natural Gas leak was detected. This is a safety concern. Natural Gas can contaminate the rooms' fresh air and possibly ignite at levels of 4% or higher. It is advised to have the leak repair now.</i></p>				✓

Heating Inspection

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>1. Heating Equipment Utilized</p> <p>✓ Forced Hot Air ___ Hot Water Boiler ___ Gravity Hot Air ___ Electric Baseboard ___ Radiator Steam ___ Space Heater</p>	✓			
<p>2. Heating Equipment Manufacturer: Heil</p> <p>Age: 4 yrs.</p> <p>Data Plate Accessible/Visible ✓ Yes ___ No ___ None Observed</p> <p>BTU Rating: 75,000</p>	✓			
<p>3. Heater On and Operable</p> <p>Fuel Used ✓ Yes ___ No ___ Disclaimed</p> <p>✓ Natural Gas ___ Electric ___ Oil ___ Propane ___ Wood</p> <p>Fuel Supply Lines at Unit Checked for Leaks ✓ Yes ___ No</p> <p>Method Used ___ Visual ✓ Detector</p> <p>Results: ✓ None Detected ___ Leaks Detector Reading: 0.00%</p>	✓			

Systems and Components		S	M	P	U
4. PROPANE FUELED ONLY Concerns of Low Lying Areas		N/A			
___ Yes ___ No ✓ N/A					
5. Evidence of Oil Storage Tank Location of Fill Pipe: _____		N/A			
___ Inside ___ Outside ___ Underground ___ N/A ✓ N/A					
6. Temperature/Pressure Relief Valve (TPR)		N/A			
___ Missing ___ Present ___ Appears Intact ✓ N/A (Pressure Relief Valve is usually located at or near the top of the boiler and is piped down to a discharge point , National Standard suggest typically 6 to 12 inches above the floor level)					
7. Shut Off Valves Noted Drip Legs Present Concerns of Cross Connections		✓			
Fuel Supply ✓ Yes ___ No Water Supply ___ Yes ___ No ✓ N/A ___ Yes ___ No ✓ N/A					
8. Burner Condition Corrosion Noted ✓ None ___ Traces ___ Significant Amounts Evidence of Flame Roll-out ✓ None ___ Traces ___ Significant Amounts Flame Color ✓ Blue ___ Orange ___ Red ___ Yellow Flame Characteristics ✓ Steady ___ Wavering ___ Lifting off Burner ___ Some Flickering ___ Significant Flickering		✓			
9. Vent Connector ✓ Secured and in Place ___ Signs of Compromise Evidence of Corrosion ✓ None ___ Traces ___ Significant Amounts Hanger spacing/Pitch Adequate Clearance from Combustibles ✓ Acceptable ___ Not Acceptable ✓ Acceptable ___ Not Acceptable		✓			
10. Direct Vent PVC Correct Configuration Signs of Compromise Screens		✓			
✓ Yes ___ No ___ N/A ✓ Yes ___ No ___ N/A ✓ Yes ___ No ___ N/A ✓ Yes ___ No ___ N/A					


<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>11. Presents of Carbon Monoxide</p> <p style="text-align: right;"><input checked="" type="checkbox"/> None Detected ___ Detected</p> <p>Detector Used <input checked="" type="checkbox"/> Yes ___ No</p> <p style="text-align: right;">Detector Reading: 0.00%</p>	✓			
<p>12. Heat Exchanger Signs Of Comprise</p> <p style="text-align: right;">___ None Noted <input checked="" type="checkbox"/> Disassembly Required ___ Further Investigation Recommended <input checked="" type="checkbox"/> Disclaimed</p> <p><i>Comments: Disassembly of this heating system is required to view and inspect the heat exchanger in this system. Disassembly is beyond the scope of a home inspector. Therefore, the heat exchanger is disclaimed.</i></p>	D			
<p>13. Visual Inspection of Motor, Belts, Fan and Cabinet</p>	✓			
<p>14. Satisfactory Clearance On All Sides</p>	✓			
<p>15. Condition of Ducts, Returns, and Registers</p> <div style="text-align: center;">  </div> <p><i>Comments: The arrows above point to an insulating material that may contain asbestos. This is a health concern if particles of asbestos become air born. This is known as the asbestos being “friable”. It is recommended to consult a professional to determine if in fact this material here does in fact contain asbestos, and the correct means in which to remove or contain this material.</i></p>		✓		


<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>16. Measurement of Heat at A Representative Number of Registers</p> <p><i>Comments: Heat at the living quarter's heat registers measured between 82F and 91F.</i></p>	✓			


Air Conditioner

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<p>1. Air Conditioner Present ✓ Yes ___ No ___ N/A Unit on and Operable ✓ Yes ___ No</p> <p>Out Door Temperature 80F</p> <p><i>Comments: National Standards suggest that the compressor should not be tested when the outdoor temperature is below 65degrees or when the electrical power has been on for less than 12 to 24 hours.</i></p>	✓			
<p>2. Air Conditioner</p> <p>Equipment Manufacturer: Carrier</p> <p>Data Plate Accessible /Visible ✓ Yes ___ No ___ None Observed Capacity 25.0 Amps Age: 5 yrs.</p>	✓			
<p>3. Condenser Cabinet, Proximity To Subject, Level</p>	✓			
<p>4. Refrigerant Lines General Condition ___ Leaking ___ Mechanical Damage ___ Not Visible ___ Disclaimed</p>	✓			
<p>5. Electrical Wiring ✓ Adequate ___ Under Size Breaker/Fuse ✓ Adequate ___ Under Size</p>	✓			

Interior Inspection

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<i>Living Quarters</i>				
1. Walls ✓ Drywall / Plaster ___ Repairs Needed ___ Moisture Stains ___ Cracking ___ Damaged	✓			
2. Ceilings ✓ Drywall / Plaster ___ Repairs Needed ___ Moisture Stains ___ Cracking ___ Damaged	✓			
3. Light Fixtures/Fans ✓ Functional ___ Repairs Needed	✓			
4. Floor Surface ___ Vinyl ___ Laminate ___ Wood Material Used ✓ Carpet ___ Ceramic Tile	✓			
5. Smoke Detectors Noted ___ Yes ✓ No <i>Comments: Inspection of the living quarters proved that smoke detectors were not in place. This is a safety issue. It is a National Standard to have smoke detectors located on every floor level and near all sleep areas. Installation of smoke detectors is advised.</i>				✓
6. Function of Representative Number Of Doors and Windows	✓			
7. Steps, Stairways, Railings ___ N/A <div style="text-align: center;">  </div>				✓
<i>Comments: This is the stairway leading into the basement. The red lines indicate a missing handrail. Handrails are required on any stairway with three or more steps. Installing a handrail that will support the weight of a person falling, or able to support 200 pounds per foot is advised.</i>				

<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<i>Kitchen</i>					
1. Kitchen Countertops Material Used Type of Trap	<input checked="" type="checkbox"/> Plastic Laminate ___ Granite/Stone ___ Hard Surface ___ Ceramic Tile ___ S <input checked="" type="checkbox"/> P	✓			
2. Kitchen Faucet/Water Supply		✓			
3. Function Of a Representative Number of Cabinet Doors/Drawers		✓			
4. GFCI Outlets Kitchen Tested Deficiencies Noted	___ Yes <input checked="" type="checkbox"/> No ___ Yes ___ No ___ Yes ___ No (Ground Fault Circuit Interrupter receptacles are currently required in the United States for kitchen and bath areas)				
					✓
Comments: <i>This outlet pictured above is of the three prong type. This is considered unsafe due to its close proximity to the kitchen sink and water supply. It is a National Standard to utilize GFCI in all kitchens. This outlet should be the GFCI type. Replacement is advised. All electrical work should be done by a qualified electrician.</i>					
5. Smoke Detectors Kitchen (It is recommended that smoke detectors should be on every floor level and should be near all sleeping areas.)	___ Yes <input checked="" type="checkbox"/> No	✓			
6. Floor Surface Kitchen Material Used	___ Vinyl ___ Laminata <input checked="" type="checkbox"/> Wood ___ Carpet ___ Ceramic Tile ___ Granite/ Stone	✓			

Systems and Components	S	M	P	U
<p>3. Bathroom 1</p> <p>GFCI Outlets/Breakers ✓ Yes ___ No</p> <p>Tested ✓ Yes ___ No</p> <p>Deficiencies Noted ✓ Yes ___ No</p> <p><i>(Ground Fault Interrupter Circuit receptacles are currently required in the United States for kitchen and bath areas)</i></p>  <p><i>Comments: Pictured above is the GFCI installed in the bathroom. Testing of this GFCI proved that it is wired "open ground". This GFCI will not work as intended. This is a safety concern due its close proximity to the bathroom water supply. It is recommended to have a qualified electrician make all necessary repairs.</i></p>				✓
<p>4. Bathroom Vent ✓ Yes ___ No ___ Window as Vent</p>	✓			
<p>5. Tub/Shower Wall Material Used ___ Plastic/Laminate ___ Granite/Stone ___ Hard Surface ✓ Ceramic Tile</p>	✓			
<p>6. Toilet</p>	✓			
<p>7. Walls/Ceilings/Floor Bathroom</p>	✓			
<p>8. Function of Representative Number Of Doors and Windows</p>	✓			

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
<i>Bathroom 2</i>				
<i>1. Type of Counter Top</i> <i>Material Used Bathroom 2</i> <i>Type of Trap</i>	✓			
<i>2. Bathroom Faucet/Water Supply</i>	✓			
<i>3. Bathroom 2</i> <i>GFCI Outlets/Breakers</i> <i>Tested</i> <i>Deficiencies Noted</i> <i>(Ground Fault Interrupter Circuit receptacles are currently required in the United States for kitchen and bath areas)</i>	✓			
<i>4. Bathroom Vent</i>	✓			
<i>5. Tub/Shower Wall</i> <i>Material Used</i>	✓			
<i>6. Toilet</i>	✓			
<i>7. Walls/Ceilings/Floor Bathroom</i>	✓			
<i>8. Function of Representative Number</i> <i>Of Doors and Windows</i>	✓			

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
Bathroom 3				
1. Type of Counter Top Material Used Bathroom 3	✓ N/A	N/A		
<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
Attic				
1. Interior Inspection Of Attic/Crawlspace <input checked="" type="checkbox"/> Yes ___ No <input checked="" type="checkbox"/> Accessible ___ Not Accessible ___ Disclaimed	✓			

Fireplace/Wood Stove Inspection

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
1. Number Of <input checked="" type="checkbox"/> 1 ___ 2 ___ 3 ___ Other Fuel Burned <input checked="" type="checkbox"/> Wood ___ Pellet ___ Natural Gas ___ Ornamental Only	✓			
2. Venting System/Flue <input checked="" type="checkbox"/> Separate ___ Shared ___ Disclaimed Evidence of Creosote ___ None <input checked="" type="checkbox"/> Traces ___ Significant Amounts Comments: National Standards suggest a depth of Creosote build-up that exceeds 1\8" should be cleaned. We recommend that every homeowner have their chimney swept and evaluated by a trained professional when they move in or before they use the chimney.	✓	✓		
3. Clearance from Combustibles <input checked="" type="checkbox"/> Acceptable ___ Not Acceptable	✓			
4. Overall Condition (Fire Box, Masonry, Damper, and related)	✓			
5. Screens/ Doors	✓			

Insulation Inspection

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
1. Evidence of Insulation ✓ Yes ___ No	✓			
2. Insulation/Vapor-Retarders In Unfinished Areas ✓ Observed ___ None Observed	✓			
3. Vapor Retarders Material Used ✓ Paper ___ Plastic ___ Foil ✓ Loose Fiber Fill	✓			

Garage Inspection

<i>Systems and Components</i>	<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
1. Attached ✓ Yes ___ No Number of bays ___1 ___1 1\2 ✓ 2 ___2 1\2 ___ Other	✓			
2. Method Used to Inspect Roof Systems and Components ✓ Visual from Ground ✓ Binoculars ___ From Ladder ___ On Roof ___ N/A	✓			
3. Interior Inspection Of Attic/Crawlspace ✓ Yes ___ N/A ✓ Accessible ___ Not Accessible ___ Disclaimed	✓			
4. Roof Covering ✓ Asphalt Shingles ___ Wood ___ Metal ___ Clay Tile ___ Slate ___ Rubber/Rolled ___ N/A	✓			
5. Roof Drainage System ✓ Aluminum ___ Plastic ___ Yankee	✓			
6. Downspouts, Elbows, and Point of Discharge	✓			

<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
7. Exterior Wall Covering	<input checked="" type="checkbox"/> Vinyl ___ Aluminum ___ Wood <input checked="" type="checkbox"/> Brick ___ Composition ___ Stucco ___ EFIS ___ OSB	<input checked="" type="checkbox"/>			
8. Flashing and Trim	<input checked="" type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Aluminum ___ Wood ___ Steel	<input checked="" type="checkbox"/>			
9. Eaves, Soffits, Fascia	<input checked="" type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Aluminum ___ Wood	<input checked="" type="checkbox"/>			
10. Exterior Doors	___ Vinyl ___ Wood <input checked="" type="checkbox"/> Steel ___ N/A	<input checked="" type="checkbox"/>			
11. Windows	___ N/A	<input checked="" type="checkbox"/>			
12. Overhead Doors	<input checked="" type="checkbox"/> Aluminum ___ Wood ___ Steel	<input checked="" type="checkbox"/>			
Automatic Door Openers Operable	<input checked="" type="checkbox"/> Yes ___ No <input checked="" type="checkbox"/> Yes ___ No				
13. Photoelectric Eye Operable	<input checked="" type="checkbox"/> Yes ___ No <input checked="" type="checkbox"/> Yes ___ No	<input checked="" type="checkbox"/>			
14. Common Wall Man Doors	___ Vinyl ___ Wood <input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/>			
15. Interior Walls	<input checked="" type="checkbox"/> Finished ___ Unfinished ___ Insulated	<input checked="" type="checkbox"/>			
16. Smoke Detectors Noted	___ Yes <input checked="" type="checkbox"/> No (It is recommended that smoke detectors should be on every floor level and should be near all sleeping areas.)	<input checked="" type="checkbox"/>			
17. Combustible Hazard	___ Gas Container ___ Paints ___ Other Combustibles <input checked="" type="checkbox"/> N/A	N/A			
18. Propane Fuel Burning Appliances Below 18" from Floor	___ Yes <input checked="" type="checkbox"/> N/A	N/A			
19. Floor Drain Noted	___ Asphalt <input checked="" type="checkbox"/> Concrete ___ Stone ___ Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/>			

<i>Systems and Components</i>		<i>S</i>	<i>M</i>	<i>P</i>	<i>U</i>
20. Heat Source	<input checked="" type="checkbox"/> None ___ From House Furnace ___ Separate ___ Portable	<input checked="" type="checkbox"/>			
21. Water Supply <i>Associated Pipes, Sinks, Drains, Faucets, and Heating Equipment</i>	___ None <input checked="" type="checkbox"/> From House ___ Separate	<input checked="" type="checkbox"/>			
22. Electrical Supply	___ None <input checked="" type="checkbox"/> Branch Wiring from House ___ Separate ___ From Sub Panel	<input checked="" type="checkbox"/>			
23. Wire Type <i>Circuit Breakers</i>	<input checked="" type="checkbox"/> Copper ___ Aluminum ___ Other ___ N/A <input checked="" type="checkbox"/> Yes ___ No	<input checked="" type="checkbox"/>			

This completes the inspection for the above mention property.

Inspector: Fred S. Lima
UID16000020699

Date: July 4, 2015

Certified
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