

# HOME INSPECTION

(This form must be completed by a Licensed General Contractor)

Owner Name:	
Property/Home Address:	

## ROOF

Roof Shape:	<input type="checkbox"/> Gable	<input type="checkbox"/> Hip	<input type="checkbox"/> Flat	<input type="checkbox"/> Gambrel	<input type="checkbox"/> Mansard	<input type="checkbox"/> Complex	<input type="checkbox"/> Other _____
Roof Covering:	<input type="checkbox"/> Asphalt Shingles	<input type="checkbox"/> Concrete Shingles	<input type="checkbox"/> Shaker Shingles	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Metal	<input type="checkbox"/> Other _____	
Condition of Roof:	<input type="checkbox"/> Best	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	Remarks: _____		
What year was the roof replaced? _____				What is the life expectancy of the roof? _____ years			
Does roof appear to have any leaks or other damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in detail: _____				Is any prior water damage noted in attic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in detail: _____			

## HEATING, VENTILATION AND AIR CONDITIONING (HVAC)

How old is the HVAC system? _____ years old	Is there another heating source in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in detail: _____
What year was the HVAC system last serviced? _____	_____
Is the HVAC system serviced annually? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the other heating source permanently installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the condition of the HVAC system? _____ _____	Does the other heating source have an open flame? <input type="checkbox"/> Yes <input type="checkbox"/> No

*(Please Print)*

Inspector's Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

License Number: \_\_\_\_\_ (Required)

Telephone Number: \_\_\_\_\_

I certify that at the time of this inspection the above information about the above-stated location is true and correct. I also certify that I have noted any deficiencies detected above.

Inspector's Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ (Month/Date/Year – Required)

***(Please note this form MUST be completed in its entirety and all information must be verifiable.)***

Return this completed form to:



Post Office Box 583, Apalachicola, Florida 32329  
Telephone (850) 670-8660 Facsimile (850) 670-5598