



Home Inspection for:
JLNR, LLC
3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

Contact: CARLOS KOSLOFF

INSPECTION # 170111
DATE: JAN/11/2017



INSPECTION DOCTOR
277 SW 159th Ter, Sunrise, FL. 33326
contact@inspectiondoctor.net



Inspection #: 170111
 Date of Inspection: JAN/11/2017

INTERIOR COMPONENT REPORT

Client's Name: JLNR, LLC
 Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

Contact: CARLOS KOSLOFF

This is a report made to the best of our ability and professional belief on the existing conditions of the interior components. As all areas of the interior are not accessibly visible in some areas due to lack of access, furnishings or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.
THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

INTERIOR COMPONENT OBSERVATIONS

CONDITION OF COMPONENTS			
ITEM	BELOW AV	AVERAGE	ABOVE AV
Kitchen / Dining			
Walls / Ceilings		X	
Floor		X	
Cabinets		X	
Counters		X	
Sink		X	
Plumbing	X		
Electrical		X	
Door / Window		X	
Bathrooms			
Walls / Ceilings		X	
Vanity / Basin		X	
Tub / Shower		X	
Toilet		X	
Plumbing		X	
Electrical		X	
Door / Window		X	
Floor		X	

CONDITION OF COMPONENTS			
ITEM	BELOW AV	AVERAGE	ABOVE AV
Living Room			
Walls / Ceilings		X	
Floor		X	
Electrical		X	
Door / Window		X	
Family Room			
Walls / Ceilings		N/A	
Floor		N/A	
Electrical		N/A	
Door / Window		N/A	
Bedrooms			
Walls / Ceilings		X	
Floor		X	
Electrical		X	
Door / Window	X		

Proper laundry hook-up? Yes No Dryer Gas Electric **N/A**
 Are there any signs of leaks or abnormal condensation? Yes No Do steps, stairs, balconies or railings require repair? Yes No
 Are house / garage /party separation surfaces complete? Yes No **N/A**

Remarks: Some interior components need repair and/or maintenance at the time of this inspection, please go to

"ADDITIONAL COMMENTS AND OBSERVATIONS" page for details.

1.- NO WASHING MACHINE OR DRYER IN PROPERTY, BUILDING HAS A LAUNDRY ROOM

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the interior components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector:

Date: JAN/11/2017



Inspection #: 170111

Date of Inspection: JAN/11/2017

INSPECTION DOCTOR
HOME INSPECTIONS

EXTERIOR COMPONENT REPORT

Client's Name: JLNR, LLC

Contact: CARLOS KOSLOFF

Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

This is a report made to the best of our ability and professional belief on the existing conditions of the exterior components. As all areas of the exterior are not accessibly visible in some areas due to foliage, plaster or painting, the Inspector cannot guarantee against hidden defects, structural damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

EXTERIOR COMPONENT OBSERVATIONS

Wall cladding	<input type="checkbox"/> metal	<input type="checkbox"/> vinyl	<input type="checkbox"/> wood	<input checked="" type="checkbox"/> masonry	
Trim / fascia / soffit	<input type="checkbox"/> metal	<input type="checkbox"/> vinyl	<input type="checkbox"/> wood	<input type="checkbox"/> other	<input checked="" type="checkbox"/> N/A
Entry doors	<input checked="" type="checkbox"/> metal	<input type="checkbox"/> wood	<input type="checkbox"/> steel	<input type="checkbox"/> aluminum & glass	
Prime windows	<input checked="" type="checkbox"/> metal	<input type="checkbox"/> vinyl	<input type="checkbox"/> wood	<input checked="" type="checkbox"/> single glass	<input type="checkbox"/> double glass
Balcony doors	<input checked="" type="checkbox"/> metal	<input type="checkbox"/> vinyl	<input type="checkbox"/> wood	<input checked="" type="checkbox"/> single glass	<input type="checkbox"/> double glass <input type="checkbox"/> N/A
Garage doors	<input type="checkbox"/> metal	<input type="checkbox"/> wood	<input type="checkbox"/> fiberglass	<input type="checkbox"/> fiberboard	<input checked="" type="checkbox"/> N/A
Shutters	<input type="checkbox"/> panels	<input type="checkbox"/> wood	<input checked="" type="checkbox"/> roll up	<input checked="" type="checkbox"/> bahama	<input type="checkbox"/> none

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
Wall cladding		X	
Trim / fascia / soffit		N/A	
Entry doors		X	
Prime windows		X	
Balcony doors		X	
Garage doors		N/A	
Shutters		X	
Driveway / walks		X	
Steps / railings		X	
Porch / balcony		X	
Deck / patio		N/A	
Retaining walls		N/A	

Wood deterioration at: _____

Vegetation Limits View Yes No

Adequate drainage Yes No

Garage door opener Yes No **N/A**

Safety reverse stop Yes No **N/A**

Remarks: **Exterior components appear to be in good condition at the time of inspection; however some repairs are needed:**

- 1.- IN MASTER BEDROOM, WINDOW'S RIGHT PANEL CANNOT BE HELD OPEN, ITS OPENING MECHANISM IS DAMAGED (EXHIBIT 1)**
- 2.- IT'S RECOMMENDED A GENERAL MAINTENANCE TO ALL WINDOWS IN THE PROPERTY, THEY ARE NOT EASY TO OPEN AND CLOSE**

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the exterior components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: _____

Date: JAN/11/2017



Inspection #: 170111

Date of Inspection: JAN/11/2017

AIR CONDITIONING COMPONENT REPORT

Client's Name: JLNR, LLC

Contact: CARLOS KOSLOFF

Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

This is a report made to the best of our ability and professional belief on the existing conditions of the air conditioning components. As all areas of the air conditioning system are not accessibly visible in some areas due to lack of accessibility, insulation or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.**AIR CONDITIONING COMPONENT OBSERVATIONS**

Type of Cooling electrical split system water-cooled HVAC unit combo w/ heat pump

Type of Fuel electric gnd water nat. gas other

Distribution ductwork metal fiberglass flexible

Heat strip none yes kw _____

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
Exterior casing		X	
Exterior fins		X	
Refrigerant lines		X	
Insulation		X	
Interior ducts		X	
Condensate drain		X	
Thermostat		X	
Elect. Disconnect		X	

Make of Units **GOODMAN**Approximate age **15 YEARS**Approximate capacity **2.5 TONS**Functioning? Yes NoAdequate Cooling? Yes NoUnusual Conditions? Yes No

	UNIT 1	UNIT 2
Temp @ Difuser	58°F	N/A
Temp @ Return	22°F	N/A

Δ Temperature	36°F	N/A
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Remarks: **A/C system appears to be in a good condition at the time of this inspection and responding adequately to normal operating controls; however, like any machine it could stop working anytime. We strongly recommend a general check up by a certified technician in order to be sure all its components are fine.**

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the air conditioning components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: _____

Date: JAN/11/2017



Inspection #: 170111

Date of Inspection: JAN/11/2017

INSPECTION DOCTOR
HOME INSPECTIONS

INSULATION & VENTILATION COMPONENT REPORT

Client's Name: JLNR, LLC

Contact: CARLOS KOSLOFF

Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

This is a report made to the best of our ability and professional belief on the existing conditions of the insulation and ventilation components. As all areas of the insulation & ventilation are not accessibly visible in some areas due to lack of accessibility or otherwise being concealed, the Inspector cannot guarantee against hidden defects. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

INSULATION & VENTILATION COMPONENT OBSERVATIONS

Visible insulation cellulose fiberglass foam Amount in inches _____
How applied roll / batt loose fill rigid other
Visible vap Barrier paper plastic foil other

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
Insulation		N/A	
Attic vents		N/A	
Foundation vents		N/A	
Kitchen fans		X	
Bath fans		X	
Dryer vent		N/A	

Is there any reason to suspect inadequate ventilation?
 Yes No

Are vapor barriers / insulation missing or improperly installed?
 Yes No N/A

Is there any exposed paper or foam?
 Yes No N/A

Comments: _____

Remarks: **Ventilation components appear to be in good condition at the time of this inspection. Due to the type of property some insulation and ventilation components are not present.**

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the insulation & ventilation components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: _____

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Inspection #: 170111

Date of Inspection: JAN/11/2017

PLUMBING COMPONENT REPORT

Client's Name: JLNR, LLC

Contact: CARLOS KOSLOFF

Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

This is a report made to the best of our ability and professional belief on the existing conditions of the plumbing components. As all areas of the plumbing system are not accessibly visible in some areas due to lack of accessibility, insulation or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.**PLUMBING COMPONENT OBSERVATIONS**

Visible supply lines copper plastic lead galvanized
 Visible waste lines copper plastic lead galvanized
 Water heater electric gas oil other
 Waste disposal sewer septic

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
Supply lines		X	
D / W / V lines		X	
Pressure		X	
Drainage		X	
Exterior faucets		X	
Sump pump		N/A	
Fuel supply / lines		N/A	
Fuel lines		N/A	
Chimney connect		N/A	
Casing		X	
Tank bottom		N/A	
Temp control		X	

Water Heater

Make of Unit RHEEM

Approximate age 1 YEAR

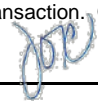
Approximate capacity 28 GALLONS

Pressure relief valve? Yes NoAny leaks noted? Yes NoUnusual Conditions? Yes No

Comments:

Remarks: **Most of plumbing components appear to be in good condition at the time of this inspection.****1.- DISPOSAL DAMAGED, NEEDS TO BE REPLACED (EXHIBIT 2)****2.- IN KITCHEN, THERE IS A LEAK UNDER THE SINK, THE CABINET BELOW HAS BEEN DAMAGED DUE TO WATER (EXHIBIT 3)****3.- FAUCETS OF SHOWER/TUB ARE LEAKING WHEN OPEN, WE STRONGLY RECOMMEND TO CHECK FOR INTERNAL LEAKS (EXHIBIT 4)**

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the plumbing components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: 

Date: JAN/11/2017



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STRUCTURAL COMPONENT REPORT

Client's Name: JLNR, LLC

Contact: CARLOS KOSLOFF

Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

This is a report made to the best of our ability and professional belief on the existing conditions of the structural components. As all areas of the structure are not accessibly visible in some areas due to coverings, plaster or painting, the Inspector cannot guarantee against hidden defects, structural damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

STRUCTURAL COMPONENT OBSERVATIONS

Wall	<input checked="" type="checkbox"/> concrete	<input type="checkbox"/> C.M.U.	<input type="checkbox"/> wood	<input type="checkbox"/> plaster & wood	<input type="checkbox"/> other
Floors	<input checked="" type="checkbox"/> concrete	<input type="checkbox"/> wood	<input type="checkbox"/> plywood	<input type="checkbox"/> T & G decking	<input type="checkbox"/> other
Joists	<input type="checkbox"/> 2 x 10	<input type="checkbox"/> timbers	<input type="checkbox"/> pre-cast	<input type="checkbox"/> trusses	<input checked="" type="checkbox"/> other
Beams	<input type="checkbox"/> wood	<input type="checkbox"/> timbers	<input type="checkbox"/> steel	<input checked="" type="checkbox"/> concrete	<input type="checkbox"/> other
Columns	<input type="checkbox"/> steel	<input type="checkbox"/> wood	<input checked="" type="checkbox"/> concrete	<input type="checkbox"/> other	
Roof	<input type="checkbox"/> gable	<input type="checkbox"/> hip	<input type="checkbox"/> shed	<input checked="" type="checkbox"/> flat	<input type="checkbox"/> other
Sheathing	<input type="checkbox"/> plywood	<input type="checkbox"/> gypsum	<input type="checkbox"/> O.S.B.	<input type="checkbox"/> T & G decking	<input checked="" type="checkbox"/> other

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
Foundation		X	
Floors		X	
Walls		X	
Columns		X	
Beams		N/A	
Joists		N/A	
Ceilings		X	
Rafters		N/A	
Trusses		N/A	
Sheathing		X	

Approximate age of building 47 YEARS

Requires repairs replacement

Other _____

Crawlspace entered Yes No **N/A**

Attic entered Yes No **N/A**

Condensation? Yes No

Water penetration? Yes No

Remarks: **Structural components appear to be in good condition at the time of inspection. There is no evidence of presence of chinese drywall.**

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the structural components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: 

Date: JAN/11/2017



Inspection #: 170111

Date of Inspection: JAN/11/2017

ELECTRICAL COMPONENT REPORT

Client's Name: JLNR, LLC

Contact: CARLOS KOSLOFF

Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

This is a report made to the best of our ability and professional belief on the existing conditions of the electrical components. As all areas of the electrical system are not accessibly visible in some areas due to insulation or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

ELECTRICAL COMPONENT OBSERVATIONS

Service entrance overhead underground
 Overcurrent device fuse breaker
 Grounding location waterpipe rod power company
 Branch protection fuse breaker Wire Type: copper aluminum
 120 volt circuits: 4 x 15amp 8 x 20amp 0 x 25amp 2 x 30amp 0 x 40amp 1 x 50amp 0 x 60amp
 240 volt circuits: range 50 amp dryer NA amp water heater 20 amp
 A/C 30 amp

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
Service entry		X	
Meter		X	
Main conductor		X	
Main panel		X	
Main disconnect		X	
Grounding		X	
Bushing / knockout		X	
Branch circuits		X	
Exterior electrical		X	
Exposed wiring		X	
Garage electrical		N/A	

GFCI's functioning Yes No N/A
 Aluminum wiring Yes No
 Knob & tube wiring Yes No
 Sub-panels Yes No
 Comments: _____

Remarks: **Electrical components were in good condition at the time of this inspection.**

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the electrical components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: 

Date: JAN/11/2017



Inspection #: 170111

Date of Inspection: JAN/11/2017

ROOF REPORT

Client's Name: JLNR, LLC

Contact: CARLOS KOSLOFF

Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

THIS IS A ROOF REPORT NOT A ROOF GUARANTEE

This is a report made to the best of our ability and professional belief on the existing conditions of the roof coverings. As all areas of the roof and attic are not accessibly visible, and the roof membranes are not visible in some areas due to coverings such as tiles, shingles, and other coatings. The contractor cannot guarantee against hidden defects, future leaks or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

ROOF COMPONENT OBSERVATIONS

Inspection method on roof at eaves ground drone other not inspected

Visible coverings tile shingle gravel roll roofing N/A

Gutters aluminum copper plastic none

Flashing metal asphalt rolled concealed N/A

Chimneys # metal masonry wood wire / stucco N/A

Plumbing vents # plastic lead galvanized cast iron N/A

Attic vents soffit roof ridge gable other N/A

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
#1 Roof Covering		X	
#2 Roof Covering		N/A	
#3 Roof Covering		N/A	
Valleys		N/A	
Gutters		N/A	
Downspouts		N/A	
Splashblocks		N/A	
Flashing		X	
Skylights		N/A	
Chimney		N/A	
Plumbing vents		X	
Ventilation		X	

Approx. age of roof: 47 YEARS

Needs: Repair Replacement

Other:

Any sign of leaks? Yes No

Comments: **Most of roof components were not present due to the type of property**

Remarks: **Roof components were in good condition at the time of this inspection.**

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the roof components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: 

Date: JAN/11/2017



Inspection #: 170111

Date of Inspection: JAN/11/2017

OTHER ADDITIONAL COMMENTS

Client's Name: JLNR, LLC

Contact: CARLOS KOSLOFF

Property Address: 3550 NW 8th AVE. Apt. 813
POMPANO BEACH, FL. 33064

This is a report made to the best of our ability and professional belief on the existing conditions of the components. As all areas are not accessibly visible due to lack of access or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices. The costs shown below should be taken as reference and may not reflect an exact value.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

ADDITIONAL COMMENTS AND OBSERVATIONS

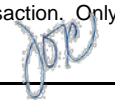
1.- THERE WERE SIGNS OF TERMITES AT THE MOMENT OF THIS INSPECTION. A PIECE OF WOOD INSIDE CLOSET OF SECOND BEDROOM HAD DAMAGE DUE TO SOME WDO, POSSIBLE TERMITES. WE ARE NOT A WDO CERTIFIED, SO WE RECOMMEND TO HIRE A CERTIFIED COMPANY TO DETERMINE IF THERE ARE LIVE WDO ORGANISMS (EXHIBIT 5)

2.- THE RANGE HOOD HAD NO FILTER INSTALLED (EXHIBIT 6)

COSTS OF REPAIRS

REPAIR / MAINTAIN WINDOWS	\$400.00
PLUMBING REPAIRS (INCL. NEW DISPOSAL)	\$500.00
OTHER REPAIRS (INCL. REP. KITCHEN CABINET)	\$400.00
TOTAL	\$1,300.00

I certify that I am authorized to sign this inspection report on behalf of **Inspection Doctor**, and that, by the signature hereinafter made, **Inspection Doctor**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the of the subject property's components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: 

Date: JAN/11/2017



EXHIBIT 1



EXHIBIT 2



EXHIBIT 3



EXHIBIT 4



EXHIBIT 5



EXHIBIT 6