

# First Choice Home & Building Inspection Services

18:24 January 19, 2006

## Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

<b>A</b>	<b>Acceptable</b>	<b>Functional with no obvious signs of defect.</b>
<b>NP</b>	<b>Not Present</b>	<b>Item not present or not found. Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection</b>
<b>NI</b>	<b>Not Inspected</b>	<b>Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.</b>
<b>M</b>	<b>Marginal</b>	<b>Item is not fully functional and requires repair or servicing.</b>
<b>D</b>	<b>Defective</b>	<b>Item needs immediate repair or replacement. It is unable to perform its intended function.</b>

## General Information

### Property Information

**Property Address** 10349 S. Calumet  
**City** Chicago **State** ILLINOIS **Zip** 60628  
**Contact Name** Buyer's Agent: Tambra Chadwell

### Client Information

**Client Name** Dennis Allen  
**City** \_\_\_\_\_ **State** ILLINOIS **Zip** \_\_\_\_\_

### Inspection Company

**Inspector Name** Michael Spaargaren: License: 050000653  
**Company Name** First Choice Home & Building Inspection Services  
**Company Address** 9553 S. Hamilton Avenue  
**City** Chicago **State** IL **Zip** 60643  
**Phone** 773-429-9711 **Fax** 773-429-9712  
**E-Mail** Firstchoiceinspectors@hotmail.com

### Conditions

**Others Present** Home Owner **Property Occupied** Yes  
**Estimated Age** 50 Years+ **Entrance Faces** West  
**Inspection Date** 17 December 2005  
**Start Time** 9 am **End Time** 11 am  
**Electric On**  **Yes**  **No**  
**Gas/Oil On**  **Yes**  **No**  
**Water On**  **Yes**  **No**  
**Temperature** 23  
**Weather** Partly cloudy **Soil Conditions** Snow covered  
**Space Below Grade** Basement  
**Building Type** Single family **Garage** Detached

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# First Choice Home & Building Inspection Services

18:24 January 19, 2006

## Lots and Grounds

- A NP NI M D
- Walks: Due to snow or ice cover, the comments reflect only the visible portion of the walks
  - Steps/Stoops: \_\_\_\_\_
  - Porch: \_\_\_\_\_
  - Vegetation: \_\_\_\_\_
  - Retaining Walls: \_\_\_\_\_
  - Basement Stairwell: \_\_\_\_\_
  - Grading: \_\_\_\_\_
  - Bsmt. Stairwell Drain: \_\_\_\_\_
  - Fences: Gate off hinges

## Exterior Surface and Components

- A NP NI M D
- Main Building Exterior Surface** \_\_\_\_\_
- Type: Brick
  - Fascia: \_\_\_\_\_
  - Door Bell: \_\_\_\_\_
  - Entry Doors: \_\_\_\_\_
  - Patio Door: \_\_\_\_\_
  - Windows: Cracked glass, Broken glass
  - Gas Meter: \_\_\_\_\_
  - Main Gas Valve: \_\_\_\_\_

## Roof

- A NP NI M D
- Main Roof Surface** \_\_\_\_\_
- Method of Inspection: Ground level
  - Material: Asphalt shingle
  - Type: Hip
- Main Chimney** \_\_\_\_\_
- Chimney: Chimney needs to have tuck point repairs done
  - Flue/Flue Cap: \_\_\_\_\_
  - Chimney Flashing: \_\_\_\_\_
  - Plumbing Vents: \_\_\_\_\_
  - Electrical Mast: \_\_\_\_\_
  - Gutters: Leaking
  - Downspouts: \_\_\_\_\_

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18:24 January 19, 2006

## Garage/Carport

A NP NI M D

### Detached Garage

1. Type of Structure: Frame Car Spaces: 2
2.  Exterior Surface: In unstable condition; advised structure be torn down.

## Electrical

A NP NI M D

1. Service Size Amps: 100 Volts: 240 VAC
2.  Service: \_\_\_\_\_
3.  110 VAC Branch Circuits: \_\_\_\_\_
4.  220 VAC Branch Circuits: Evaluation by a licensed electrician is recommended, corrosion on breaker.
5.  GFCI: \_\_\_\_\_
6.  Smoke Detectors: Install new smoke and carbon monoxide detectors.
- Basement Electric Panel**
7.  Manufacturer: General Electric
8. Max Capacity: 100 Amps
9.  Main Breaker Size: 100 Amps
10.  Breakers: \_\_\_\_\_
11. Is the panel bonded?  Yes  No

## Structure

A NP NI M D

1.  Structure Type: Masonry
2.  Foundation: \_\_\_\_\_
3.  Differential Movement: No movement or displacement noted
4.  Beams: \_\_\_\_\_
5.  Bearing Walls: \_\_\_\_\_
6.  Joists/Trusses: \_\_\_\_\_
7.  Piers/Posts: \_\_\_\_\_
8.  Floor/Slab: \_\_\_\_\_
9.  Stairs/Handrails: \_\_\_\_\_

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# First Choice Home & Building Inspection Services

18:24 January 19, 2006

## Attic

A NP NI M D

### Main Attic

1. Method of Inspection: From the attic access
2.      Roof Framing: \_\_\_\_\_
3.      Sheathing: \_\_\_\_\_
4.      Ventilation: \_\_\_\_\_
5.      Insulation: \_\_\_\_\_
6.      Insulation Depth: \_\_\_\_\_
7.      Moisture Penetration: \_\_\_\_\_

## Basement

The basement walls are covered with paneling or drywall. Therefore the foundation walls couldn't be inspected. The inspector can not be responsible or liable for foundation cracks, leaks or bulges that are not visible.

A NP NI M D

### Main Basement

1.      Ceiling: \_\_\_\_\_
2.      Walls: \_\_\_\_\_
3.      Floors: Loose or damaged flooring. Asbestos tiles.
4.      Floor Drain: \_\_\_\_\_
5.      Doors: \_\_\_\_\_
6.      Windows: Poor condition
7.      Electrical: \_\_\_\_\_
8.      HVAC Source: \_\_\_\_\_
9.      Bsmt Stairs/Railings: \_\_\_\_\_

## Air Conditioning

A NP NI M D

### Main AC System

1.      A/C System Operation: Not inspected - To avoid possible compressor damage due to outside temperature below 60 degrees, the unit was not tested.
2.      Condensate Removal: \_\_\_\_\_
3.      Exterior Unit: Goodman
4. Area Served: Whole building Approximate Age: 10 Years +
5. Fuel Type: 240 VAC Temperature Differential: 0
6. Type: Central A/C Capacity: \_\_\_\_\_
7.      Visible Coil: \_\_\_\_\_
8.      Refrigerant Lines: \_\_\_\_\_
9.      Electrical Disconnect: \_\_\_\_\_
10.      Exposed Ductwork: \_\_\_\_\_
11.      Blower Fan/Filters: \_\_\_\_\_
12.      Thermostats: \_\_\_\_\_

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18:24 January 19, 2006

## Fireplace/Wood Stove

A NP NI M D

### Den Fireplace

1.      Fireplace Construction: Brick
2.     Type: Wood-burning
3.     Smoke Chamber: \_\_\_\_\_
4.     Flue: \_\_\_\_\_
5.     Damper: \_\_\_\_\_
6.     Hearth: \_\_\_\_\_

## Heating System

A NP NI M D

### Basement Heating System

1.      Heating System Operation: Adequate
2.     Manufacturer: American Standard
3.     Type: Forced air Capacity: 140,000 BTUHR
4.     Area Served: Whole building Approximate Age: 10 Years +
5.     Fuel Type: Natural gas
6.     Heat Exchanger: \_\_\_\_\_
7.     Blower Fan/Filter: \_\_\_\_\_
8.     Distribution: \_\_\_\_\_
9.     Flue Pipe: \_\_\_\_\_
10.     Humidifier: \_\_\_\_\_
11.     Thermostats: \_\_\_\_\_

## Plumbing

A NP NI M D

1.      Service Line: \_\_\_\_\_
  2.      Main Water Shutoff: \_\_\_\_\_
  3.      Water Lines: \_\_\_\_\_
  4.      Drain Pipes: \_\_\_\_\_
  5.      Vent Pipes: \_\_\_\_\_
  6.      Gas Service Lines: \_\_\_\_\_
- ### Basement Water Heater
7.      Water Heater Operation: Functional at time of inspection - Water heater is nearing the end of it's design life
  8.     Manufacturer: Wards
  9.     Type: Natural gas Capacity: 40 Gal.
  10.     Approximate Age: 1981 Area Served: Whole building
  11.      Flue Pipe: \_\_\_\_\_
  12.      TPRV and Drain Tube: \_\_\_\_\_

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18:24 January 19, 2006

## Bathroom

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### 1st Floor Hall Bathroom

1.      Ceiling: \_\_\_\_\_
2.      Walls: \_\_\_\_\_
3.      Floor: \_\_\_\_\_
4.      Doors: Missing
5.      Windows: \_\_\_\_\_
6.      Electrical: Overhead light inoperative.
7.      Sink/Basin: \_\_\_\_\_
8.      Faucets/Traps: Faucet inoperative (no water); missing faucet.
9.      Toilets: \_\_\_\_\_
10.      HVAC Source: \_\_\_\_\_

### 2nd Floor Hall Bathroom

11.      Ceiling: \_\_\_\_\_
12.      Walls: \_\_\_\_\_
13.      Floor: Broken floor tiles
14.      Doors: \_\_\_\_\_
15.      Windows: Poor condition, Cracked glass
16.      Electrical: \_\_\_\_\_
17.      Sink/Basin: \_\_\_\_\_
18.      Faucets/Traps: \_\_\_\_\_
19.      Tub/Surround: Missing tiles, Hole in wall
20.      Toilets: \_\_\_\_\_
21.      HVAC Source: \_\_\_\_\_
22.      Ventilation: \_\_\_\_\_

## Kitchen

A NP NI M D

### 1st Floor Kitchen

1.      Cooking Appliances: \_\_\_\_\_
2.      Ventilator: \_\_\_\_\_
3.      Dishwasher: \_\_\_\_\_
4. Air Gap Present?  Yes  No
5.      Refrigerator: \_\_\_\_\_
6.      Sink: \_\_\_\_\_
7.      Electrical: Non-GFCI circuit
8.      Plumbing/Fixtures: \_\_\_\_\_
9.      Counter Tops: Poor condition
10.      Cabinets: Wall cabinet missing
11.      Ceiling: \_\_\_\_\_
12.      Walls: \_\_\_\_\_
13.      Floor: Poor condition
14.      Doors: \_\_\_\_\_

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Sample residential report

# First Choice Home & Building Inspection Services

18:24 January 19, 2006

## Kitchen (continued)

15.  Windows: Poor condition
16.  HVAC Source: \_\_\_\_\_

## Bedroom

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### 2nd Floor Front Bedroom

1.  Closet: \_\_\_\_\_
2.  Ceiling: Loose or peeling paint
3.  Walls: \_\_\_\_\_
4.  Floor: \_\_\_\_\_
5.  Doors: \_\_\_\_\_
6.  Windows: Poor condition
7.  Electrical: Advised upgrading to three prong outlets, Overhead light inoperative.
8.  HVAC Source: \_\_\_\_\_

### 2nd Floor Rear Bedroom

9.  Closet: \_\_\_\_\_
10.  Ceiling: \_\_\_\_\_
11.  Walls: \_\_\_\_\_
12.  Floor: \_\_\_\_\_
13.  Doors: \_\_\_\_\_
14.  Windows: \_\_\_\_\_
15.  Electrical: Advised upgrading to three prong outlets
16.  HVAC Source: \_\_\_\_\_

### 2nd Floor Master Bedroom

17.  Closet: \_\_\_\_\_
18.  Ceiling: \_\_\_\_\_
19.  Walls: \_\_\_\_\_
20.  Floor: \_\_\_\_\_
21.  Doors: \_\_\_\_\_
22.  Windows: Cracked glass, Broken glass
23.  Electrical: Ceiling fan blades are loose. Advised upgrading to three prong outlets
24.  HVAC Source: \_\_\_\_\_

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Sample residential report

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18:24 January 19, 2006

## Living Space

A NP NI M D

### Family Room Living Space

1.      Closet: \_\_\_\_\_
2.      Ceiling: \_\_\_\_\_
3.      Walls: Minor damage to walls & adjacent to window
4.      Floor: \_\_\_\_\_
5.      Doors: \_\_\_\_\_
6.      Windows: Windows will not open.
7.      Electrical: \_\_\_\_\_
8.      HVAC Source: \_\_\_\_\_

### Room off kitchen Living Space

9.      Ceiling: Evidence of past or present water leakage
10.      Walls: Walls damaged
11.      Floor: Poor condition
12.      Doors: \_\_\_\_\_
13.      Windows: \_\_\_\_\_
14.      Electrical: Advised upgrading to three prong outlets
15.      HVAC Source: \_\_\_\_\_

### Den Living Space

16.      Ceiling: Evidence of past or present water leakage, Loose or peeling paint
17.      Walls: Cracks present, Loose or peeling paint
18.      Floor: \_\_\_\_\_
19.      Windows: Poor condition
20.      Electrical: Advised upgrading to three prong outlets
21.      HVAC Source: \_\_\_\_\_

### 2nd Floor Hallway Living Space

22.      Closet: \_\_\_\_\_
23.      Ceiling: Loose or peeling paint
24.      Walls: \_\_\_\_\_
25.      Floor: \_\_\_\_\_
26.      Windows: Poor condition
27.      Electrical: \_\_\_\_\_

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