



Frank Lin Home Inspections LLC

94 Clinton St, Hoboken, NJ 07030

(973) 910-1019



Inspection Date

June 27, 2018

Report No

Sample Condo 2

Client

Property Address

1125 Maxwell Ln, #
Hoboken, NJ 07030

Inspector

Daniel Lin (License# 24GI00119200)

Key

This report lists the systems and components inspected by this company. Items not found in this report are considered beyond the scope of this inspection, and should not be considered inspected at this time.

"APPEAR SERVICEABLE" means that we did not observe conditions that would leave us to believe major problems existed with this system or component. The item is cable of being used. Some serviceable items may, however, show wear and tear. Other conditions if applicable, will be noted in the body of the report.

Significantly deficient systems or components will be identified as "Non functional / unsafe / worn / near end of lifespan." When in the inspector's opinion, an item is "significantly deficient", the reason will be within the body of the report.

Please read the entire report for all items.

Notice: This report contains technical information that may not be readily understandable to the lay person. Therefore a verbal consultation with the inspector is a mandatory part of this inspection report. If you choose not to consult with the inspector, this inspection company cannot be held liable for your understanding or misunderstanding of this report's contents. If you were not present during this inspection please call the office to arrange for your verbal consultation.

Present during the Inspection

<input checked="" type="checkbox"/>	Client	Michael Adams
<input checked="" type="checkbox"/>	Buyer's Agent	Lana Walsh Falcicchio
<input type="checkbox"/>	Seller's Agent	
<input type="checkbox"/>	Seller	
<input type="checkbox"/>	Occupant	

Inspector

Daniel Lin (License# 24GI00119200)

Inspection Date

June 27, 2018

Start Time

6:15 PM

Completion Time

7:45 PM

The weather condition at the time of the inspection was

Dry

Approximate temperature during inspection

70° F

Property Information

1125 Maxwell Ln, #415, Hoboken, NJ 07030

The subject property inspected

Condominium

Approximate year building was built

2008

Stated by

Sample Condo 2

Listing

Notice: It is always wise to check with the building department for permit information, especially if additions or alterations are noted.

1125 Maxwell Ln, #

IMPORTANT NOTICE TO THIRD PARTIES OR OTHER PURCHASERS: RECEIPT OF THIS REPORT BY ANY PURCHASERS OF THIS PROPERTY OTHER THAN THE PARTIES IDENTIFIED ON THE CONTRACT IS NOT AUTHORIZED BY THE INSPECTOR. THE INSPECTOR STRONGLY ADVISES AGAINST ANY RELIANCE ON THIS REPORT. WE RECOMMEND THAT YOU RETAIN A QUALIFIED PROFESSIONAL INSPECTOR TO PROVIDE YOU WITH YOUR OWN INSPECTION AND REPORT ON THIS PROPERTY.

Summary

This section is provided as a courtesy for quick access to the information within the inspection report.

It is not intended as a substitute for reading the inspection report.

Subject unit is located within a condominium complex - accessible portions / interior of the property was inspected and reported upon.

Plumbing

Hot water heating system is owned / maintained by condominium association & outside the scope of inspection, was operating at time of inspection.

Electrical

Outlet not operational at balcony. Unable to reset GFCI device at balcony. Repair is needed. Light not operational at main bathroom - repair is needed.

Interior & Features

Door rubs frame at bedroom 1 bathroom, loose hinge / missing pin noted. Door does not latch at bedroom 2. Lock handle missing at various locations (e.g. main bathroom, bedroom 1 bathroom, bedroom 1, bedroom 2) doors. Adjustment / repair is needed.

Broken sash balance (window does not stay open) noted at bedroom 1 - repair is needed.

Ceiling cracks noted.

Wear / aging noted at flooring. Lifted flooring noted by main bathroom. Cracked floor tiles noted at main bathroom.

Loose exterior trim noted at balcony - repair is needed.

Smoke detectors / fire exit / sprinklers were not inspected. Have the Township check and approve the system (part of State Certificate of Occupancy requirements).

Regular cleaning of dryer exhaust duct is needed for fire safety.

Bathroom

Wear noted at bedroom 1 bathroom sink cabinet. Gap noted at master bathroom countertop to wall connection - recommend sealing to prevent further moisture penetration / damage.

Damaged weather stripping noted at main & master bathroom shower doors - repair is needed.

Wood Destroying Insects

Inspection to the wood destroying insect was limited due to lack of access to entire building, cluttered storage, and interior finishings. The inspector can not guarantee that wood destroying insect does not exist. Further investigation may be needed to ensure the house is free of insect damage/infestation.

NOTES

Every effort has been made to perform a detailed and thorough inspection. However, due to interior finishings & furnishings / storage, visibility is limited. Evaluation is conditional to the time of inspection, things may change between the time of inspection and closing. This office recommends a final walkthrough before closing to check areas that were not visible during the time of inspection. Inquire with this office regarding fee & scheduling for the final walkthrough.

Plumbing

Main Water Supply

Description

Shutoff Valve Location	<input type="checkbox"/> Basement	<input type="checkbox"/> Garage	<input type="checkbox"/> Closet	<input type="checkbox"/> Lower bathroom	<input checked="" type="checkbox"/> Unknown
Material	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic	<input type="checkbox"/> Lead	<input checked="" type="checkbox"/> Unknown
Approx Size	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1.5"	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not Inspected

Observation

<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Worn	<input type="checkbox"/> Near end of lifespan	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Not Functional	<input checked="" type="checkbox"/> Not fully visible
<input type="checkbox"/> Main Valve Operates	<input type="checkbox"/> Not Operational	<input checked="" type="checkbox"/> Not Tested	<input type="checkbox"/> Handle	<input type="checkbox"/> Missing	<input type="checkbox"/> Leaking
Pressure	<input type="checkbox"/> Service off	<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Irregular	<input type="checkbox"/> High Pressure	<input type="checkbox"/> Low
<input type="checkbox"/> Damage	<input type="checkbox"/> Copper and Concrete	<input type="checkbox"/> Well pump	<input type="checkbox"/> Softener	<input type="checkbox"/> Softener Installed	<input type="checkbox"/> Softener Leaks
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Extension cord	<input type="checkbox"/> Missing filter			

Comment

Notice: Well pumps are beyond the scope of this inspection.

Water Supply Lines

Description

Material	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Pex	<input type="checkbox"/> Lead	<input checked="" type="checkbox"/> Unknown
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Observation

<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Worn	<input type="checkbox"/> Near end of lifespan	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Not Functional	<input checked="" type="checkbox"/> Not fully visible
<input type="checkbox"/> Damage	<input type="checkbox"/> Shutoff Corrosion	<input type="checkbox"/> Minor Corrosion	<input type="checkbox"/> Moderate Corrosion	<input type="checkbox"/> Major Corrosion	<input type="checkbox"/> Active Leaks
Pressure Loss	<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	<input type="checkbox"/> Loss	<input type="checkbox"/> Unable to test
<input type="checkbox"/> Noise	<input type="checkbox"/> Lack Support	<input type="checkbox"/> Crossed with Sanitary	<input type="checkbox"/> Prior Repair	<input type="checkbox"/> Not Insulated	<input type="checkbox"/> Mixed
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Condensation				

Comment

Notice: Underground pipes or pipes inside walls cannot be judged for sizing, leaks or corrosion. Water quality testing or testing for hazards such as lead is not part of this inspection. Be advised that some "Polybutylene" plastic piping systems have experienced documented problems.

Waste Lines

Description

Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> PVC	Sample Condo 2 Lead	<input type="checkbox"/> Cast Iron	<input checked="" type="checkbox"/> Unknown
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Observation

<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Worn	<input type="checkbox"/> Near end of lifespan	<input checked="" type="checkbox"/> 11 Unsafe	<input type="checkbox"/> Not Functional	<input checked="" type="checkbox"/> Not fully visible
<input type="checkbox"/> Damage	<input type="checkbox"/> Minor Corrosion	<input type="checkbox"/> Moderate Corrosion	<input type="checkbox"/> Major Corrosion	<input type="checkbox"/> Active Leaks	<input type="checkbox"/> Moisture Stains
<input type="checkbox"/> Lack Support	<input type="checkbox"/> Insufficient Fall	<input type="checkbox"/> Open Line	<input type="checkbox"/> Trap improper		
Vents	<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> None Observed	<input type="checkbox"/> Improper	<input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Not fully visible
<input type="checkbox"/> Asbestos					

Comment

Notice: City sewer service, septic systems and all underground pipes are not a part of this inspection. Future drainage performance is also not determined. Be advised that some "ABS" plastic piping systems have experienced documented problems. Contact the manufacturer or plumbing expert for further information and evaluation. All of vent/trap pipes were not visible.

Plumbing

Fuel System

Description

- | | | | | | |
|-------------------------|---|-----------------------------------|-----------------------------------|--------------------------------------|---|
| Shut Off Valve Location | <input type="checkbox"/> Exterior | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> Kitchen | <input checked="" type="checkbox"/> Unknown |
| Type | <input checked="" type="checkbox"/> Natural Gas Meter | <input type="checkbox"/> Oil Tank | <input type="checkbox"/> LPG Tank | <input type="checkbox"/> Propane Gas | <input type="checkbox"/> Fuel Oil |

Observation

- | | | | | | |
|---|--|---|--|---|---|
| <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Not Functional | <input checked="" type="checkbox"/> Not fully visible |
| <input type="checkbox"/> Damaged | <input type="checkbox"/> Proofed | <input type="checkbox"/> Not Proofed | <input type="checkbox"/> Ground/Concrete | <input type="checkbox"/> Corroded | |
| <input type="checkbox"/> Strained | <input type="checkbox"/> Lack Support | <input type="checkbox"/> Improper Pipe | <input type="checkbox"/> Improper Use | <input type="checkbox"/> Exposed | <input type="checkbox"/> Oil Lines |
| <input type="checkbox"/> Low | <input type="checkbox"/> Unions / Bushings | <input type="checkbox"/> Copper | | | |

Comment

Notice: Underground piping & fuel tanks cannot be judged. Pipes inside walls or pipes concealed from view cannot be judged and the inspector does not perform tests for gas leaks or pipe size. Verification of the location or condition of underground fuel storage tanks is not part of this inspection. Environmental risks, if any, are not included.

Water Heater

Description

- | | | | | | |
|----------|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|---|
| Location | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Closet | <input checked="" type="checkbox"/> Unknown |
| Fuel | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | <input type="checkbox"/> Tankless | <input type="checkbox"/> Tankless (see Heating) |
| Capacity | <input type="checkbox"/> 29 gal | <input type="checkbox"/> 50 gal | <input type="checkbox"/> 80 gal | <input type="checkbox"/> Tankless | <input type="checkbox"/> Unknown |

Observation

- | | | | | | |
|--|--|---|--|--|--|
| <input type="checkbox"/> Serviceable | <input type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Not Functional | <input type="checkbox"/> Not fully visible |
| <input type="checkbox"/> Damaged | <input type="checkbox"/> Pilot Light | <input type="checkbox"/> Leaking | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Flame | <input type="checkbox"/> Scorching |
| <input type="checkbox"/> Shut Off Valve | <input type="checkbox"/> Installed | <input type="checkbox"/> Missing / Broken | <input type="checkbox"/> Leaking | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Missing Red Label |
| <input type="checkbox"/> TPR | <input type="checkbox"/> Installed | <input type="checkbox"/> Not Installed | <input type="checkbox"/> Missing Pipe | <input type="checkbox"/> Improper | <input type="checkbox"/> Too short |
| <input type="checkbox"/> Leaking | <input type="checkbox"/> Missing | <input type="checkbox"/> Threaded | <input type="checkbox"/> Capped | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Corrosion |
| <input type="checkbox"/> Combustion Air | <input type="checkbox"/> Supply Air OK | <input type="checkbox"/> Blocked | <input type="checkbox"/> Poor | | |
| <input type="checkbox"/> Vent Flue | <input type="checkbox"/> Piping OK | <input type="checkbox"/> Missing | <input type="checkbox"/> Loose | <input type="checkbox"/> Foil tape | <input type="checkbox"/> Improper |
| | <input type="checkbox"/> Back Draft | <input type="checkbox"/> Improper Angle | <input type="checkbox"/> Elbows | <input type="checkbox"/> Clearance | <input type="checkbox"/> Soot |
| <input type="checkbox"/> Seismic Straps | <input type="checkbox"/> Serviceable | <input type="checkbox"/> Not Installed | <input type="checkbox"/> Improper | | |
| <input type="checkbox"/> Thermal Blanket | <input type="checkbox"/> Serviceable | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Damaged / Missing | | |
| <input type="checkbox"/> No Catch Pan | <input type="checkbox"/> Protect | <input type="checkbox"/> Enclosure Door | <input type="checkbox"/> Firewall | <input type="checkbox"/> Garage Floor >18" | <input type="checkbox"/> No Drain Line |

Sample Condo 2

Comment

Hot water heating system is owned / maintained by condominium association & outside the scope of inspection, was operating at time of inspection.

Notice: Estimate of remaining life is not part of this inspection. Solar systems are not part of this inspection. Hot water recirculating pumps/systems are not part of this inspection. Unable to fully inspect vent pipe.

1125 Maxwell Ln, #

Heating

Heating Description

<i>Location</i>	<input checked="" type="checkbox"/> Living Room	<input checked="" type="checkbox"/> Living Room	<input checked="" type="checkbox"/> Living Room	<input type="checkbox"/> 2007
<i>Heating Type</i>	<input checked="" type="checkbox"/> Heat Pump	<input checked="" type="checkbox"/> Heat Pump	<input checked="" type="checkbox"/> Heat Pump	
<i>Fuel Type</i>	<input checked="" type="checkbox"/> Electric	<input checked="" type="checkbox"/> Electric	<input checked="" type="checkbox"/> Electric	
<i>Approx BTU</i>	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	
<i>Manufacturer</i>	<input checked="" type="checkbox"/> Trane	<input checked="" type="checkbox"/> Trane	<input checked="" type="checkbox"/> Trane	
<i>Model</i>	<input checked="" type="checkbox"/> GETB00913A	<input checked="" type="checkbox"/> GETB01813A	<input checked="" type="checkbox"/> GETB01513A	
<i>Serial</i>	<input checked="" type="checkbox"/> W07B15653	<input checked="" type="checkbox"/> W07C16194	<input checked="" type="checkbox"/> W07C16189	
<i>Manufacturing Date</i>	<input checked="" type="checkbox"/> 2007	<input checked="" type="checkbox"/> 2007	<input checked="" type="checkbox"/> 2007	

Comment

Notice: If a fuel burning heater / furnace is located in a bedroom, we recommend evaluation by a qualified heating contractor for safety and air volume requirements. Asbestos materials have been commonly used in heating systems. Determining the presence of asbestos can only be performed by laboratory testing and is beyond the scope of this inspection.

Heating Observation

- | | | | | | |
|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Not Functional | <input checked="" type="checkbox"/> Not fully visible |
| <input checked="" type="checkbox"/> Operational | <input type="checkbox"/> Damaged | <input type="checkbox"/> Not Serviced | <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Not Tested | <input type="checkbox"/> No Service |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Not Inspected | <input type="checkbox"/> Pilot not lit | <input type="checkbox"/> Ignition malfunction | <input type="checkbox"/> Utilities off | |
| <input type="checkbox"/> Complete Evaluation | <input type="checkbox"/> Clean / Service | <input type="checkbox"/> Unusual Noise | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Upgrades | <input type="checkbox"/> Corrosion |
| <i>Burner</i> | <input type="checkbox"/> Burner Serviceable | <input type="checkbox"/> Unusual flame | <input type="checkbox"/> Not visible (closed sy | <input type="checkbox"/> Damaged chamber | <input type="checkbox"/> Rust / Scorch / Soot |
| <i>Thermostat</i> | <input type="checkbox"/> Broken | <input type="checkbox"/> Poor Location | <input type="checkbox"/> Repairs | <input type="checkbox"/> Low battery | <input type="checkbox"/> Loose |
| <i>Air Filter</i> | <input type="checkbox"/> Improperly sized | <input type="checkbox"/> Dirty | <input type="checkbox"/> Hold-down | <input type="checkbox"/> Gap | <input type="checkbox"/> Insufficient Clearance |
| <i>Furnace</i> | <input type="checkbox"/> Low Temperature | <input type="checkbox"/> Air Leaks | <input type="checkbox"/> Cut Doors | <input type="checkbox"/> Moisture | <input type="checkbox"/> Termination Location |
| <i>Boiler</i> | <input type="checkbox"/> High Pressure | <input type="checkbox"/> Low Temperature | <input type="checkbox"/> Low Pressure | <input type="checkbox"/> Boiler Leaks | <input type="checkbox"/> Fuel tank leak |
| | <input type="checkbox"/> Leaks | <input type="checkbox"/> Corrosion | <input type="checkbox"/> TPR | <input type="checkbox"/> Fittings | <input type="checkbox"/> Expansion Tank |
| <input type="checkbox"/> No Shutoff Label | <input type="checkbox"/> Not Red | <input type="checkbox"/> Moisture | <input type="checkbox"/> Not Tested (AC) | <input type="checkbox"/> Door switch broken | |

Comment

Electronic air cleaners, humidifiers and dehumidifiers are beyond the scope of this inspection - have these systems evaluated by a qualified individual. The inspector is not equipped to thoroughly inspect heat exchangers for evidence of cracks or holes, as this can only be done by dismantling the unit or other technical procedures. Some furnaces are designed in such a way that inspection is almost impossible. Thermostats are not checked for calibration or timed functions. Safety devices are not tested by this company.

Sample Condo 2

1125 Maxwell Ln, #

Heating

Distribution

Description

- | | | | | | |
|---|--|---|---|---|---|
| <input checked="" type="checkbox"/> Ducts & Registers | <input type="checkbox"/> Pipes & Convector | <input type="checkbox"/> Pipes & Radiators | <input type="checkbox"/> Pipes, Radiators & C | <input type="checkbox"/> Air Handler | <input type="checkbox"/> Electric Baseboard |
| <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Damaged | <input checked="" type="checkbox"/> Not Fully Visible | <input type="checkbox"/> Corroded ducts | <input type="checkbox"/> Corroded pipes | <input type="checkbox"/> Worn |

Observation

- | | | | | | |
|--|---------------------------------------|--|---|--|--------------------------------|
| <input type="checkbox"/> Uneven volume | <input type="checkbox"/> Disconnected | <input type="checkbox"/> Registers | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Crushed Ducts | <input type="checkbox"/> Leaks |
| <input type="checkbox"/> Room Radiator | <input type="checkbox"/> Insulation | <input type="checkbox"/> Zone Valve | <input type="checkbox"/> Circulating Pump | <input type="checkbox"/> Heat Source | |
| <input type="checkbox"/> Recommendations | <input type="checkbox"/> Inoperative | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Fittings | <input type="checkbox"/> Damaged | |
| <input type="checkbox"/> Humidifier | <input type="checkbox"/> Repairs | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Safety Upgrade | <input type="checkbox"/> Cleaning | |
| | <input type="checkbox"/> Moisture | <input type="checkbox"/> Not connected | <input type="checkbox"/> Not operational | | |

Comment

the presence of asbestos can ONLY be performed by laboratory testing and is beyond the scope of this inspection. Electronic air cleaners, humidifiers and dehumidifiers are beyond the scope of this inspection. Have these systems evaluated by a qualified individual.

Venting

Observation

- | | | | | | |
|---------------------------------------|--------------------------------------|--|--|---|--|
| <input type="checkbox"/> Serviceable | <input type="checkbox"/> Damaged | <input type="checkbox"/> Not fully visible | <input type="checkbox"/> Inaccessible | <input type="checkbox"/> Unsafe | |
| <input type="checkbox"/> Back Venting | <input type="checkbox"/> Soot / Rust | <input type="checkbox"/> Combustible clearance | <input type="checkbox"/> Improper rise | <input type="checkbox"/> Improper elbow angle | <input type="checkbox"/> Wrong Materials |

Observation

- | | | | | |
|---|--|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Terminates near window | <input type="checkbox"/> Barometric Damper | <input type="checkbox"/> Inducer Fan Defect | <input type="checkbox"/> Undersized | <input type="checkbox"/> Moisture |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Safety Upgrade | | |

Comment

Notice: Asbestos materials have been commonly used in heating systems. Determining the presence of asbestos can ONLY be performed by laboratory testing and is beyond the scope of this inspection.

Combustion Air

Observation

- | | | | | | |
|--------------------------------------|-------------------------------------|---|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Serviceable | <input type="checkbox"/> Damaged | <input type="checkbox"/> Not accessible | <input checked="" type="checkbox"/> None Provided | <input type="checkbox"/> Not visible | <input type="checkbox"/> Unsafe |
| <input type="checkbox"/> Blocked | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Return Source | <input type="checkbox"/> Recommend sealing | | |

Comment

1125 Maxwell Ln, #

Air Conditioning

Description

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Location	<input checked="" type="checkbox"/> Living Room	<input checked="" type="checkbox"/> Living Room	<input checked="" type="checkbox"/> Living Room	<input type="checkbox"/> Unknown
<input type="checkbox"/> Type	<input type="checkbox"/> Central Air	<input checked="" type="checkbox"/> Heat Pump - Air	<input type="checkbox"/> Water Source	<input type="checkbox"/> PTAC	<input type="checkbox"/> Split System
	<input type="checkbox"/> Package Unit	<input type="checkbox"/> Wall Unit	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Geothermal	
<input type="checkbox"/> Power	<input type="checkbox"/> 120 Volt	<input checked="" type="checkbox"/> 240 Volt	<input type="checkbox"/> Unknown		
<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Worn	<input type="checkbox"/> Near end of lifespan	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Not Functional	<input checked="" type="checkbox"/> Not fully visible
<input checked="" type="checkbox"/> Operational	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Not Inspected	<input type="checkbox"/> Not fully evaluated	<input type="checkbox"/> No Service	<input type="checkbox"/> Did not respond

Comment

Observation

<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Worn	<input type="checkbox"/> Near end of lifespan	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Not Functional	<input checked="" type="checkbox"/> Not fully visible
<input type="checkbox"/> Inspection Issues	<input type="checkbox"/> No Power	<input type="checkbox"/> Below 65	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Warm Air Only	<input type="checkbox"/> Unusual Noise
<input type="checkbox"/> Electrical Disconnect	<input type="checkbox"/> Present	<input type="checkbox"/> Not Present	<input type="checkbox"/> Improper	<input type="checkbox"/> Exposed Conduit	<input type="checkbox"/> Not Grounded
<input type="checkbox"/> Condense Lines	<input type="checkbox"/> Properly Installed	<input checked="" type="checkbox"/> Not Fully Visible	<input type="checkbox"/> Termination Point	<input type="checkbox"/> Disconnected	<input type="checkbox"/> Moisture
	<input type="checkbox"/> Leaking	<input type="checkbox"/> No Trap	<input type="checkbox"/> Too Short	<input type="checkbox"/> Pinched	
<input type="checkbox"/> Refrigerant Lines	<input type="checkbox"/> Present	<input type="checkbox"/> Damaged	<input checked="" type="checkbox"/> Not Fully Visible	<input type="checkbox"/> Exposed	<input type="checkbox"/> Missing
<input type="checkbox"/> Not Level	<input type="checkbox"/> Pads	<input type="checkbox"/> Rusted	<input type="checkbox"/> Float Valve / Pump	<input type="checkbox"/> Leaking	<input type="checkbox"/> Too Low
<input type="checkbox"/> Temperature Differen	<input type="checkbox"/> System Coil	<input type="checkbox"/> Circulation	<input type="checkbox"/> Junction Box Loose	<input type="checkbox"/> Junction Box Cover	<input type="checkbox"/> Pump Auxiliary
<input type="checkbox"/> Ice	<input type="checkbox"/> Recommend Servicir	<input type="checkbox"/> Moisture	<input type="checkbox"/> Repair needed	<input type="checkbox"/> No catch pan	

Comment

Notice: The inspector does not perform pressure tests on coolant systems: therefore no representation is made regarding coolant damage or line integrity. Subjective judgment of system capacity is not part of the inspection.

Sample Condo 2

1125 Maxwell Ln, #

Electrical

Electric Panel

Description

Main Panel Location	<input type="checkbox"/> Entranceway	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Unknown
Sub Panel Location	<input type="checkbox"/> Basement	<input type="checkbox"/> Garage	<input type="checkbox"/> Interior	<input type="checkbox"/> Attic	<input type="checkbox"/> Unknown
Rating	<input type="checkbox"/> 60A	<input type="checkbox"/> 100A	<input type="checkbox"/> 125A	<input type="checkbox"/> 200A	<input checked="" type="checkbox"/> Unknown
Service Wire	<input type="checkbox"/> Aluminum Service	<input type="checkbox"/> Copper Service	<input type="checkbox"/> Branch Wire	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Copper Branch
Wiring Methods	<input type="checkbox"/> Metal Conduit	<input type="checkbox"/> Non-Metallic Cable	<input type="checkbox"/> Knob & Tube	<input type="checkbox"/> Plastic Conduit	<input checked="" type="checkbox"/> Unknown
Panel Type	<input checked="" type="checkbox"/> Breaker	<input type="checkbox"/> Fuse	<input type="checkbox"/> Voltage	<input checked="" type="checkbox"/> 120V	<input checked="" type="checkbox"/> 220V

Observation

<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Worn	<input type="checkbox"/> Near end of lifespan	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Not Functional	<input type="checkbox"/> No service
<input type="checkbox"/> Main Locked	<input type="checkbox"/> Sub Locked	<input type="checkbox"/> Power Off	<input type="checkbox"/> Blocked	<input checked="" type="checkbox"/> Painted	<input type="checkbox"/> Not Opened
<input type="checkbox"/> Main Ground	<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Loose	<input type="checkbox"/> Water Line	<input type="checkbox"/> Ground Rod	<input type="checkbox"/> Not Visible
<input type="checkbox"/> No Main	<input type="checkbox"/> 6 Breakers	<input type="checkbox"/> Improper Wiring	<input type="checkbox"/> Multi tap	<input type="checkbox"/> Over Fused	<input type="checkbox"/> Bushing / Clamps
<input type="checkbox"/> Main Panel	<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Scorched	<input type="checkbox"/> Melted	<input type="checkbox"/> Rust	<input type="checkbox"/> Not Bonded
<input type="checkbox"/> Labels Missing	<input type="checkbox"/> Breaker Off	<input type="checkbox"/> Loose	<input type="checkbox"/> No Labels	<input type="checkbox"/> Scorched	<input type="checkbox"/> Melted
<input type="checkbox"/> Unprotected	<input type="checkbox"/> Fused Wires	<input type="checkbox"/> Bushings / Clamps	<input type="checkbox"/> No Labels	<input type="checkbox"/> Dead front cover mis	<input type="checkbox"/>
<input type="checkbox"/> Sub Panel	<input type="checkbox"/> Over Fused	<input type="checkbox"/> Not Bonded	<input type="checkbox"/> Couplers	<input type="checkbox"/> Inoperable Breaker	<input type="checkbox"/> Upgraded
<input type="checkbox"/> Rust	<input type="checkbox"/> Same Buss	<input type="checkbox"/> No Antioxidant	<input type="checkbox"/> Couplers	<input type="checkbox"/> Inoperable Breaker	<input type="checkbox"/> Upgraded
<input type="checkbox"/> Outdated	<input type="checkbox"/> Tap Wires	<input type="checkbox"/> Loose Breaker	<input type="checkbox"/> Inoperable Breaker	<input type="checkbox"/> Upgraded	<input type="checkbox"/>
<input type="checkbox"/> Moisture	<input type="checkbox"/> Mixed Breaker				

Comment

Notice: Six or fewer breakers usually do not require a main breaker, however this may indicate minimal electrical capacity. If the service amperage is less than 100, upgrade may be needed to operate larger electrical appliances.

Sample Condo 2

1125 Maxwell Ln, #

Electrical

Service

Description

Location	<input type="checkbox"/> Overhead	<input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Unknown		
Disconnect	<input type="checkbox"/> Basement	<input type="checkbox"/> Electric Panel	<input type="checkbox"/> Exterior	<input checked="" type="checkbox"/> Not Located	<input type="checkbox"/> Not Present

Observation

<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Damage	<input type="checkbox"/> Near end of lifespan	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Drip Loop	<input type="checkbox"/> Loose Connections
<input type="checkbox"/> Deteriorated	<input type="checkbox"/> Splices	<input type="checkbox"/> Tap			
<input type="checkbox"/> Low to Ground	<input type="checkbox"/> Low to Driveway	<input type="checkbox"/> Low to Roof	<input type="checkbox"/> Low to Pool	<input type="checkbox"/> Tree Limbs	
<input type="checkbox"/> Ground Line Present	<input type="checkbox"/> Clamp not visible	<input checked="" type="checkbox"/> System not visible	<input type="checkbox"/> Loose	<input type="checkbox"/> Disconnected	<input type="checkbox"/> Missing

Comment

Wiring Notes

Observation

<i>Outlets</i>	<input checked="" type="checkbox"/> Serviceable	<input checked="" type="checkbox"/> Blocked	<input type="checkbox"/> No service	<input type="checkbox"/> Grounded Near plum	<input type="checkbox"/> Painted Over
	<input checked="" type="checkbox"/> Not Operational	<input type="checkbox"/> Not Grounded	<input type="checkbox"/> Reverse Polarity	<input type="checkbox"/> Open Neutral	<input type="checkbox"/> Scorching
	<input type="checkbox"/> Missing	<input type="checkbox"/> Loose	<input type="checkbox"/> Missing cover	<input type="checkbox"/> Damaged cover	<input type="checkbox"/> 2 Prong
<i>GFCI</i>	<input checked="" type="checkbox"/> Responded	<input type="checkbox"/> Not Operational	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Improper	<input checked="" type="checkbox"/> Unable to Reset
<i>Wiring</i>	<input checked="" type="checkbox"/> Serviceable	<input checked="" type="checkbox"/> Not fully visible	<input type="checkbox"/> Improper	<input type="checkbox"/> Exposed	<input type="checkbox"/> Junction Box cover
	<input type="checkbox"/> Loose	<input type="checkbox"/> Exposed Wiring	<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Missing Conduit	<input type="checkbox"/> Exterior Box
<i>Lighting</i>	<input checked="" type="checkbox"/> Not operational	<input type="checkbox"/> Improper	<input type="checkbox"/> Switch not operational	<input type="checkbox"/> No control	<input type="checkbox"/> Improper wiring
	<input type="checkbox"/> Damaged light	<input type="checkbox"/> Not tested	<input type="checkbox"/> Missing cover	<input type="checkbox"/> Missing switch	<input type="checkbox"/> Stairway missing switch

Comment

Outlet not operational at balcony. Unable to reset GFCI device at balcony. Repair is needed. Light not operational at main bathroom - repair is needed.

Notice: Furnishings prevent testing of all outlets and switches (if applicable) - checking is needed prior to closing.

Sample Condo 2

1125 Maxwell Ln, #

Interior

Doors

Description

Condition Serviceable Damaged Deteriorated Defects Worn

Observation

Weather Stripping	<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Damaged	<input type="checkbox"/> Missing	<input type="checkbox"/> Loose	<input type="checkbox"/> Repair needed
Entry Door	<input checked="" type="checkbox"/> Operational	<input type="checkbox"/> Not Operational	<input type="checkbox"/> Doorbell not operation	<input type="checkbox"/> Jamb damaged	<input type="checkbox"/> Damaged
<input checked="" type="checkbox"/> Doors Serviceable	<input type="checkbox"/> Damaged	<input type="checkbox"/> Defective	<input checked="" type="checkbox"/> Rub	<input type="checkbox"/> Difficult to Operate	<input type="checkbox"/> Missing
<input checked="" type="checkbox"/> Hardware Operational	<input type="checkbox"/> Not Operational	<input type="checkbox"/> Missing	<input type="checkbox"/> Loose	<input type="checkbox"/> Improper	<input type="checkbox"/> Damaged
Exterior Doors	<input checked="" type="checkbox"/> Serviceable	<input type="checkbox"/> Damage	<input type="checkbox"/> Gap	<input type="checkbox"/> Difficult to Operate	<input type="checkbox"/> Screen door
Glass	<input type="checkbox"/> Condensation	<input type="checkbox"/> Tempered	<input type="checkbox"/> Not Tempered	<input type="checkbox"/> Unable to Determine	
Latching / Tracks	<input checked="" type="checkbox"/> Latching Operational	<input checked="" type="checkbox"/> Latching Not Operatic	<input type="checkbox"/> Tracks Serviceable	<input type="checkbox"/> Off track	<input type="checkbox"/> Stiff
<input type="checkbox"/> Double Lock	<input type="checkbox"/> Unable to lock	<input checked="" type="checkbox"/> Missing Lock	<input type="checkbox"/> Difficult to lock		

Comment

Door rubs frame at bedroom 1 bathroom, loose hinge / missing pin noted. Door does not latch at bedroom 2. Lock handle missing at various locations (e.g. main bathroom, bedroom 1 bathroom, bedroom 1, bedroom 2) doors. Adjustment / repair is needed.

Windows

Description

Type Sliding Single Hung Double Hung Casement Louver

Material Awning Hopper Picture Jalousie

Wood Metal Vinyl Unknown

Observation

<input checked="" type="checkbox"/> Operational	<input type="checkbox"/> Not Operational	<input type="checkbox"/> Difficult to operate	<input type="checkbox"/> Damaged	<input type="checkbox"/> Worn	<input type="checkbox"/> Security Bars
Glass	<input type="checkbox"/> Not tempered	<input type="checkbox"/> Cracked	<input type="checkbox"/> Scratched	<input type="checkbox"/> Fogged	<input type="checkbox"/> Single Pane
Screens	<input type="checkbox"/> Not Checked	<input type="checkbox"/> Missing	<input type="checkbox"/> All Missing	<input type="checkbox"/> Damaged	<input type="checkbox"/> Loose
<input type="checkbox"/> Stains	<input checked="" type="checkbox"/> Sash Cord	<input type="checkbox"/> Caulking	<input type="checkbox"/> Glazing	<input type="checkbox"/> Hardware Missing	<input type="checkbox"/> Unable to Lock
<input type="checkbox"/> Won't latch	<input type="checkbox"/> Won't close	<input type="checkbox"/> Won't open	<input type="checkbox"/> Loose	<input type="checkbox"/> Damaged	<input type="checkbox"/> Winder handle

Comment

Broken sash balance (window does not stay open) noted at bedroom 1 - repair is needed.

Notice: Determining condition of all insulated windows is not possible due to temperature, weather and lighting variations. Check with owner for further information. Unable to fully evaluate windows due to blocked access / height / AC.

Sample Condo 2

1125 Maxwell Ln, #

Interior

Interior Walls

Description

- | | | | | | |
|-------------------------------|---|---|----------------------------------|------------------------------------|--------------------------------|
| Type | <input checked="" type="checkbox"/> Drywall | <input type="checkbox"/> Acoustic Spray | <input type="checkbox"/> Plaster | <input type="checkbox"/> Wallpaper | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Wood Beam | <input type="checkbox"/> Brick | <input type="checkbox"/> Log | <input type="checkbox"/> Brick | <input type="checkbox"/> Panel |

Observation

- | | | | | | |
|------------------------------------|---|---------------------------------------|-----------------------------------|--|--|
| Condition | <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Damaged | <input type="checkbox"/> Uneven | <input type="checkbox"/> Worn |
| Moisture | <input type="checkbox"/> Stains | <input type="checkbox"/> Damage | <input type="checkbox"/> Dry | <input type="checkbox"/> Unable to Determine | |
| Cracks | <input type="checkbox"/> None | <input type="checkbox"/> Common | <input type="checkbox"/> Major | | |
| Other | <input type="checkbox"/> Nails | <input type="checkbox"/> Holes | <input type="checkbox"/> Openings | <input type="checkbox"/> Exposed Framing | <input type="checkbox"/> Missing |
| <input type="checkbox"/> Lead test | <input type="checkbox"/> Removed wall | <input type="checkbox"/> Termite | <input type="checkbox"/> Damage | | <input type="checkbox"/> Not fully visible |

Comment

Notice: The condition of walls behind wallpaper, paneling and furnishings cannot be judged. Furnishings prevent full inspection (if applicable) - checking is needed prior to closing.

Ceilings

Description

- | | | | | | |
|------------------------------------|------------------------------------|---|----------------------------------|------------------------------------|--|
| Type | <input type="checkbox"/> Drywall | <input type="checkbox"/> Acoustic Spray | <input type="checkbox"/> Plaster | <input type="checkbox"/> Wallpaper | <input checked="" type="checkbox"/> Concrete |
| <input type="checkbox"/> Open Beam | <input type="checkbox"/> Wood Beam | <input type="checkbox"/> Ceiling Tile | <input type="checkbox"/> Log | <input type="checkbox"/> Tin | <input type="checkbox"/> Metal |

Observation

- | | | | | | |
|----------------------------------|---|--|-----------------------------------|--|---------------------------------|
| Evaluation | <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Damaged | <input type="checkbox"/> Sagging | <input type="checkbox"/> Low | <input type="checkbox"/> Worn |
| Moisture | <input type="checkbox"/> Stains | <input type="checkbox"/> Moist | <input type="checkbox"/> Dry | <input type="checkbox"/> Unable to Determine | <input type="checkbox"/> Damage |
| Cracks | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Common | <input type="checkbox"/> Major | | |
| Other | <input type="checkbox"/> Nails | <input type="checkbox"/> Holes | <input type="checkbox"/> Openings | <input type="checkbox"/> Exposed Framing | <input type="checkbox"/> Uneven |
| <input type="checkbox"/> Damaged | <input type="checkbox"/> Poor insulation | <input type="checkbox"/> Repaired | | | |

Comment

Ceiling cracks noted.

Notice: Determining whether acoustic sprayed ceilings contain asbestos is beyond the scope of this inspection. For more information please contact the American Lung Association or an asbestos specialist.

Floors

Description

- | | | | | | |
|------|---------------------------------|---------------------------------|--|--|--|
| Type | <input type="checkbox"/> Carpet | <input type="checkbox"/> Bamboo | <input checked="" type="checkbox"/> Wood | <input checked="" type="checkbox"/> Tile | <input type="checkbox"/> Asbestos-like |
|------|---------------------------------|---------------------------------|--|--|--|

Observation

- | | | | | | |
|--------------------------------------|---|--|--|---------------------------------------|----------------------------------|
| Condition | <input checked="" type="checkbox"/> Serviceable | <input checked="" type="checkbox"/> Worn | <input type="checkbox"/> Damaged | <input type="checkbox"/> Termite | <input type="checkbox"/> Warped |
| Miscellaneous | <input checked="" type="checkbox"/> Cracked Tiles | <input type="checkbox"/> Wood Damage | <input type="checkbox"/> Loose | <input type="checkbox"/> Uneven | <input type="checkbox"/> Squeaks |
| <input type="checkbox"/> Worn carpet | <input type="checkbox"/> Carpet stains | <input type="checkbox"/> Missing grout | <input type="checkbox"/> Missing baseboard | <input type="checkbox"/> Loose carpet | <input type="checkbox"/> Gap |

Comment

Wear / aging noted at flooring. Lifted flooring noted by main bathroom. Cracked floor tiles noted at main bathroom.

Notice: Determining odors or stains is not included. The condition of wood flooring below carpet is not inspected. Furnishings & storage prevent full inspection (if applicable) - hidden damage / stains may be present - checking is needed prior to closing.

Features

Features

- | | | | | | |
|--------------------|---|--|---|---|--|
| Stairway | <input type="checkbox"/> Serviceable | <input type="checkbox"/> Uneven | <input type="checkbox"/> Damaged | <input type="checkbox"/> Steep | <input type="checkbox"/> Low Height |
| Railing | <input type="checkbox"/> Loose | <input type="checkbox"/> No Railing | <input type="checkbox"/> Too Wide | <input type="checkbox"/> Not graspable | <input type="checkbox"/> Recommend Upgrade |
| Ceiling Fan | <input type="checkbox"/> Operational | <input type="checkbox"/> Non-Operational | <input type="checkbox"/> Noise / Wobble | <input type="checkbox"/> Not Tested | <input type="checkbox"/> Too Low |
| <i>Not Tested:</i> | <input type="checkbox"/> Central Vacuum | <input type="checkbox"/> Security System | <input type="checkbox"/> Intercom | <input type="checkbox"/> Radon Reduction | <input type="checkbox"/> Invisible fence |
| | <input type="checkbox"/> Sound System | <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Elevator | <input type="checkbox"/> Murphy Bed | <input type="checkbox"/> Air Conditioner |
| | <input type="checkbox"/> Networking | <input type="checkbox"/> Shed | <input type="checkbox"/> Storage Room | <input checked="" type="checkbox"/> Balcony | <input type="checkbox"/> Safe |

Comment

Loose exterior trim noted at balcony - repair is needed.

Fireplace

Description

- | | | | | | |
|----------|-----------------------------------|--|--|--|-----------------------------------|
| Location | <input type="checkbox"/> Interior | <input type="checkbox"/> Living Room | <input type="checkbox"/> Bedroom | <input type="checkbox"/> Rear Addition | <input type="checkbox"/> Basement |
| Type | <input type="checkbox"/> Masonry | <input type="checkbox"/> Prefabricated | <input type="checkbox"/> Free Standing | <input type="checkbox"/> Insert | <input type="checkbox"/> Electric |

Observation

- | | | | | | |
|--|---|---|--|--|---|
| <input type="checkbox"/> Serviceable | <input type="checkbox"/> Not Functional | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Worn | <input type="checkbox"/> Near End of Lifespan | <input type="checkbox"/> Damaged |
| <input type="checkbox"/> Doors Damaged | <input type="checkbox"/> No doors | <input type="checkbox"/> Liner | <input type="checkbox"/> Joints Deteriorated | <input type="checkbox"/> Crack | <input type="checkbox"/> Loose Bricks |
| <input type="checkbox"/> Gas Operational | <input type="checkbox"/> Not Operational | <input type="checkbox"/> Off | <input type="checkbox"/> Capped | <input type="checkbox"/> Improper Piping | |
| Gas Valve | <input type="checkbox"/> Functional | <input type="checkbox"/> Inoperative | <input type="checkbox"/> In Firebox | <input type="checkbox"/> Not Tested | <input type="checkbox"/> Not Visible |
| Damper | <input type="checkbox"/> Operational | <input type="checkbox"/> Non-Operational | <input type="checkbox"/> Missing | <input type="checkbox"/> Moisture | <input type="checkbox"/> Difficult to operate |
| Fans / Blowers | <input type="checkbox"/> Fans Operational | <input type="checkbox"/> Fans Non-Operational | <input type="checkbox"/> Blowers Operational | <input type="checkbox"/> Blowers Non-Operational | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Low Clearance | <input type="checkbox"/> Clean Flue | <input type="checkbox"/> Caulk Needed | <input type="checkbox"/> Gas Log | <input type="checkbox"/> Dirty | |

Comment

Notice: Recommend installing safety spacer on damper when gas logs are present. Wood and ashes are not moved for inspection. Recommend clearing debris and further evaluation.

Smoke Detector

- | | | | | | |
|---|-----------------------------------|--|--|----------------------------------|---|
| <input type="checkbox"/> Not Responding | <input type="checkbox"/> Responds | <input type="checkbox"/> Button Not Responding | <input type="checkbox"/> Couldn't Test | <input type="checkbox"/> Missing | <input type="checkbox"/> Indicator Light |
| <input type="checkbox"/> Additional Suggested | <input type="checkbox"/> Detached | <input type="checkbox"/> Covered | <input type="checkbox"/> Damaged | <input type="checkbox"/> Loose | <input checked="" type="checkbox"/> Not Inspected |

Sa

Comment

Smoke detectors / fire exit / sprinklers were not inspected. Have the Township check and approve the system (part of State Certificate of Occupancy requirements).

Features

Laundry

Description

Location	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Service Area	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bathroom
<i>Observation</i>					
<input checked="" type="checkbox"/> Plumbing Serviceable	<input type="checkbox"/> Damage	<input checked="" type="checkbox"/> Not Fully Visible	<input type="checkbox"/> Deterioration	<input type="checkbox"/> Leaks	<input type="checkbox"/> Improper Discharge
Outlet	<input checked="" type="checkbox"/> Grounded	<input type="checkbox"/> Not Grounded	<input type="checkbox"/> Non-Operational	<input type="checkbox"/> Not Tested	
220V	<input type="checkbox"/> 220V Operational	<input type="checkbox"/> 220V Non-Operational	<input type="checkbox"/> 220V not tested	<input type="checkbox"/> Unable to View	
Gas Outlet	<input type="checkbox"/> Serviceable	<input type="checkbox"/> Missing Shutoff	<input type="checkbox"/> Unable to View to Interior	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Not Tested
Dryer Venting	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Not OK	<input type="checkbox"/> Worn	<input type="checkbox"/> Heavy Lint	<input type="checkbox"/> Damper
<input type="checkbox"/> Laundry Sink Service	<input type="checkbox"/> No Sink	<input type="checkbox"/> Damaged	<input type="checkbox"/> Leaks	<input type="checkbox"/> Loose	<input type="checkbox"/> Slow Draining
<input type="checkbox"/> Faucet Operational	<input type="checkbox"/> Not operational	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Hot / Cold	<input type="checkbox"/> Cross-Connection
<input type="checkbox"/> Connections Serviceable	<input type="checkbox"/> Not accessible	<input type="checkbox"/> Deteriorated	<input type="checkbox"/> Alarm	<input type="checkbox"/> Improper Plumbing	<input type="checkbox"/> Leaks
<input type="checkbox"/> Rubber Hoses	<input type="checkbox"/> Secure Waste	<input type="checkbox"/> Catch Pan			

Comment

Regular cleaning of dryer exhaust duct is needed for fire safety.

Notice: Washing machines and dryers are not tested / moved during this inspection; condition of walls or flooring under these machines cannot be judged. The inspector does not test washing machines drains or supply valves. Water supply valves if turned may be subject to leaking.

Desk / Cabinet / Wet Bar / Utility Sink / Closet

Observation

Faucet	<input type="checkbox"/> Serviceable	<input type="checkbox"/> Not Operational	<input type="checkbox"/> Leaks	<input type="checkbox"/> Cold water only
Counter	<input type="checkbox"/> Damage	<input type="checkbox"/> Deterioration		
Plumbing	<input type="checkbox"/> Leaks	<input type="checkbox"/> Improper Piping	<input type="checkbox"/> Icemaker not on	<input type="checkbox"/> Corrosion
Cabinets	<input type="checkbox"/> Deteriorated	<input type="checkbox"/> Misaligned		<input type="checkbox"/> Not vented

Comment

Sample Condo 2

1125 Maxwell Ln, #

Kitchen

Kitchen Sink

- | | | | | | |
|---|---|---|--|--|---|
| <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Not Functional | <input type="checkbox"/> Not fully visible |
| <input type="checkbox"/> Dishes Blocked | <input type="checkbox"/> Serviceable | <input type="checkbox"/> Minor Wear | <input type="checkbox"/> Heavy Wear | <input type="checkbox"/> Chipped | <input type="checkbox"/> Loose |
| Faucet | <input type="checkbox"/> Hot & Cold Reversed | <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Non-Operational | <input type="checkbox"/> Leaking | <input type="checkbox"/> Corroded |
| Plumbing | <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Improper Pipes | <input type="checkbox"/> Moisture | <input checked="" type="checkbox"/> View Restricted |
| | <input type="checkbox"/> Slow Drain | <input type="checkbox"/> Seal Connection | <input type="checkbox"/> Spray Wand | <input type="checkbox"/> Counter grout missing | <input type="checkbox"/> Shutoff |

Comment

Kitchen Cabinet

- | | | | | | |
|---|--|---|---|---|--|
| <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Not Functional | <input type="checkbox"/> Not fully visible |
| <i>Countertop</i> | <input type="checkbox"/> Laminate | <input checked="" type="checkbox"/> Stone | <input type="checkbox"/> Wood | <input type="checkbox"/> Metal | <input type="checkbox"/> Concrete |
| <i>Counter</i> | <input type="checkbox"/> Wear | <input type="checkbox"/> Damage | <input type="checkbox"/> Cracked | <input type="checkbox"/> Chipped | |
| <i>Doors</i> | <input type="checkbox"/> Handle | <input type="checkbox"/> Off hinge | <input type="checkbox"/> Difficult to operate | <input type="checkbox"/> Damaged | <input type="checkbox"/> Missing |
| <i>Drawers</i> | <input type="checkbox"/> Missing Handle | <input type="checkbox"/> Off track | <input type="checkbox"/> Not Operational | <input type="checkbox"/> Damaged | <input type="checkbox"/> Missing |
| <i>Cabinets</i> | <input type="checkbox"/> Moisture stains | <input type="checkbox"/> Moisture damage | <input type="checkbox"/> Rodent droppings | <input type="checkbox"/> Loose hinge | <input type="checkbox"/> Mold-like stains |

Comment

Cooktop / Oven

- | | | | | | |
|---|---|---|--|---|---|
| <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Not Functional | <input checked="" type="checkbox"/> Not fully visible |
| <i>Cooktop</i> | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Induction | | |
| | <input type="checkbox"/> No Ignition | <input type="checkbox"/> Poor Ignition | <input type="checkbox"/> Burner Inoperable | <input type="checkbox"/> Element Inoperable | <input type="checkbox"/> Not Tested |
| <i>Oven</i> | <input type="checkbox"/> Not Operational | <input type="checkbox"/> Not Tested | <input type="checkbox"/> Cracked Glass | <input type="checkbox"/> Cracked handle | <input type="checkbox"/> Loose Door |
| <i>Gas valve</i> | <input type="checkbox"/> Installed | <input checked="" type="checkbox"/> Not Visible | <input type="checkbox"/> Not Installed | | |
| <i>Fan / Hood</i> | <input checked="" type="checkbox"/> Operational | <input type="checkbox"/> Inoperable | <input type="checkbox"/> Missing | <input type="checkbox"/> Blocked | <input type="checkbox"/> Filter |
| | | | <input type="checkbox"/> Sa | | |

Comment

Notice: Self and/or continuous cleaning operations, clocks, timing devices, lights and thermostat accuracy are not tested during this inspection. Appliances are not moved.

Kitchen

Dishwasher

Observation

- Serviceable Worn Near end of lifespan Unsafe Not Functional Not fully visible
 No Water Not tested Not inspected

Observation

- Door serviceable Rust / Damage Won't open Seals Serviceable Seals Deteriorated Seals Leaking
 Drain Line Air Gap Device High-Loop Method Improperly Installed Leaking
 Air Gap Device Not Present Improper Leaking
 Not Secured Removed Noise Dedicated shutoff

Comment

Notice: Determining the adequacy of washing and drying functions of dishwashers is not part of this inspection.

Disposal

Observation

- Serviceable Worn Near end of lifespan Unsafe Not Functional Not fully visible
 Not Inspected

Observation

- Problems Blades Frozen Noise Splash Guard Wiring Serviceable Improper Wiring
 Missing Clamp Switch Wire Splices Junction Box Loose wire

Comment

Appliances

Observation

- Refrigerator* Serviceable Near End of lifespan Not Functional Handle Not Inspected
Microwave Serviceable Near End of lifespan Not Properly Functioning Worn Not Inspected

Present but not inspected:

- Water Filter Ice Maker Wine Refrigerator Sample Condo 2 Blender Water dispenser
 Microwave Trash Compactor

Comment

Special Features - Notice: Refrigerators, freezers and built in ice maker are not part of this inspection.

1125 Maxwell Ln, #

Bathroom

Toilet

Location

- | | | | | |
|---|--|---|---------------------------------|--|
| <input checked="" type="checkbox"/> Main Bathroom | <input checked="" type="checkbox"/> Bedroom 1 Bathroom | <input checked="" type="checkbox"/> Master Bathroom | <input type="checkbox"/> | <input type="checkbox"/> Not Inspected |
| <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Not fully visible |
| <small>Sample Condo 2</small> | | | | |

Observation

- | | | | | |
|-----------------------------------|-------------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> Loose | <input type="checkbox"/> Tank Loose | <input type="checkbox"/> Cracked | <input type="checkbox"/> Worn supply | <input type="checkbox"/> Water Runs |
| <input type="checkbox"/> Wax Seal | <input type="checkbox"/> Cracked | <input type="checkbox"/> Did Not Flush | <input type="checkbox"/> Moisture Stain | <input type="checkbox"/> Leaking |

Comment

Sink

Location

- | | | | | |
|---|--|---|---------------------------------|---|
| <input checked="" type="checkbox"/> Main Bathroom | <input checked="" type="checkbox"/> Bedroom 1 Bathroom | <input checked="" type="checkbox"/> Master Bathroom | <input type="checkbox"/> | <input type="checkbox"/> Not Inspected |
| <input type="checkbox"/> Serviceable | <input checked="" type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input checked="" type="checkbox"/> Not fully visible |

Observation

- | | | | | | |
|--|---|--|---|---|--|
| <input checked="" type="checkbox"/> Plumbing Serviceable | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Supply Valves | <input type="checkbox"/> View Restricted | <input type="checkbox"/> Leaking | <input type="checkbox"/> Low Pressure |
| <input checked="" type="checkbox"/> Fixture Serviceable | <input type="checkbox"/> Leaks | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Not operational | <input type="checkbox"/> Loose Spray | <input type="checkbox"/> Loose |
| <input checked="" type="checkbox"/> Drain Serviceable | <input type="checkbox"/> Slow Drain | <input type="checkbox"/> Stopper Defective | <input type="checkbox"/> Stopper Missing | <input type="checkbox"/> Moisture | <input type="checkbox"/> Improper drain / vent |
| <input checked="" type="checkbox"/> Cabinet Serviceable | <input type="checkbox"/> Counter Damage | <input type="checkbox"/> Cabinet Damage | <input checked="" type="checkbox"/> Missing caulking/grou | <input type="checkbox"/> Mirror damaged | <input type="checkbox"/> Mirror Missing |

Comment

Wear noted at bedroom 1 bathroom sink cabinet. Gap noted at master bathroom countertop to wall connection - recommend sealing to prevent further moisture penetration / damage.

Ventilation

Location

- | | | | | |
|---|--|---|---------------------------------|--|
| <input checked="" type="checkbox"/> Main Bathroom | <input checked="" type="checkbox"/> Bedroom 1 Bathroom | <input checked="" type="checkbox"/> Master Bathroom | <input type="checkbox"/> | <input type="checkbox"/> Not Inspected |
| <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Worn | <input type="checkbox"/> Near end of lifespan | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Not fully visible |

Observation

- | | | | | | |
|---|---|--|--------------------------------------|---|---|
| <input type="checkbox"/> Condition | <input checked="" type="checkbox"/> Serviceable | <input type="checkbox"/> Did Not Operate | <input type="checkbox"/> Noise | <input type="checkbox"/> Should Install | <input type="checkbox"/> Window not operational |
| <input type="checkbox"/> Moisture Stain | <input type="checkbox"/> Duct Broken | <input type="checkbox"/> Dirty Vents | <input type="checkbox"/> Loose Ducts | <input type="checkbox"/> No ventilation | <input type="checkbox"/> Long Ducts |

Comment

Bathroom

Shower

Location

Main Bathroom Bedroom 1 Bathroom Master Bathroom Not Inspected
 Serviceable Worn Near end of lifespan Unsafe Not Functional Not fully visible

Observation

Walls Serviceable Damaged Grout / Caulking Needed Moisture Crack
 Plumbing Serviceable Slow Drain Leaking Valve Low Volume Shower Head Fixture
 Door Serviceable Unsafe Unable to Determine Hardware Off Track Weather stripping
 Mixer Enclosure Serviceable Corroded Fixtures Doors Difficult Leaking Damaged Enclosure
 Leaking Diverter Missing fixture cover Damaged fixture Concrete Pan Dirty Leak / Moisture
 Difficult to Operate Low pressure Grout needed Rec Low Flow Damaged floor

Comment

Damaged weather stripping noted at main & master bathroom shower doors - repair is needed.

Notice: Determining whether shower pans are watertight is beyond the scope of this inspection.

Bathtub

Location

Main Bathroom Bedroom 1 Bathroom Master Bathroom Not Inspected

Observation

Condition Serviceable Damage Worn End of Lifespan
Faucet Serviceable Handles Leaking Dripping Corrosion Not operational
Whirlpool Serviceable High Suction Non-Functional Not Tested
Drain Serviceable Non-Operational Stopper Missing Slow Drain Stopper Damaged
 Cracked Tile Moisture Grout / Caulk Needed Chips Defective Diverter Damaged Surface
 Leaking Loose

Comment

Steam / Sauna

Location

Master Bathroom Not Inspected

Observation

Serviceable Worn Near end of lifespan Unsafe Not Functional Not fully visible

Comment

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone
Frank Lin Home Inspections, LLC
844 Star View Way
Bridgewater, NJ 08807
(908) 218-0595

Company's Business Lic. No.

Date of Inspection

6/27/2018

Address of Property Inspected

1125 Maxwell Ln, #415
Hoboken, NJ 7030

Inspector's Name, Signature & Certification, Registration, or Lic. #

Daniel Lin & Frank Lin

Structure(s) Inspected

Condominium

Section II. Inspection Findings This report is indicative of the condition of the subject structure(s) on the date of inspection only and is not to be construed as a guarantee or warranty against latent, concealed or future infestation or defects. **Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:**

A. No Visible evidence of a wood destroying insect infestation was observed.

B. Visible evidence of a wood destroying insect infestation was observed as follows:

1. Live Insects (description and location): _____

2. Dead Insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____

3. Visible damage from wood destroying insects were noted as follows (description and location): _____

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage including hidden damage, may be present. If any questions arise regarding damage indicated in this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of the damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

No Treatment recommended (Explain if Box B in Section II is checked) _____

Recommend treatment for the control of: _____

Section IV. Obstructions and Inaccessible Areas:

The following areas of the structure(s) inspected were obstructed or inaccessible.

- Basement _____
- Crawl Space _____
- Main Level San 1,3,4,5,6,7,8,9,11,13,14,24
- Attic _____
- Garage _____
- Exterior 11,13,16,17
- Porch 112: _____
- Addition _____
- Other _____

The inspector may write out obstructions or use the following optional key:

- | | |
|-------------------------|---------------------------------------|
| 1. Fixed ceilings | 13. Only visual access |
| 2. Suspended ceilings | 14. Cluttered conditions |
| 3. Fixed wall covering | 15. Standing water |
| 4. Floor covering | 16. Dense vegetation |
| 5. Insulation | 17. Exterior siding |
| 6. Cabinets or shelving | 18. Window well cover |
| 7. Stored items | 19. Wood pile |
| 8. Furnishings | 20. Snow |
| 9. Appliances | 21. Unsafe conditions |
| 10. No access or entry | 22. Rigid foam board |
| 11. Limited access | 23. Synthetic stucco |
| 12. No access beneath | 24. Duct work, plumbing and/or wiring |

Section V. Additional Comments and Attachments (these are an integral part of the report)

Attachments _____

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

X

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

X

Important Consumer Information Regarding the Scope and Limitations Of the Inspection

Please read this entire page, as it is part of the report. This report is not a guarantee or warranty as to the absence of wood destroying insects nor is it a structural integrity report. The inspector's training and experience do not qualify the inspector in damage evaluation or any other building construction technology and/or repair.

- 1. About the Inspection:** A visual inspection was conducted in the readily accessible areas of the structure(s) indicated (see Page 1) including attics and crawlspaces, which permitted entry during the inspection. The inspection included probing and/or sounding of unobstructed and accessible areas to determine the presence or absence of visual evidence of wood destroying insects. The WDI inspection firm is not responsible to repair any damage or treat any infestation at the structure(s) inspected, except as may be provided by separate contract. Also, wood destroying insect infestation and/or damage may exist in concealed or inaccessible areas. The inspection firm cannot guarantee that any wood destroying insect infestation and/or damage disclosed by this inspection represents all of the wood destroying insect infestation and/or damage, which may exist as of the date of the inspection. **For purposes of this inspection, wood destroying insects include: termites, carpenter ants, carpenter bees, and reinfesting wood boring beetles. This inspection does not include mold, mildew or noninsect wood destroying organisms.** This report shall be considered invalid for purposes of securing a mortgage and/or settlement of property transfer if not used within ninety (90) days for the date of inspection. **This shall not be construed as a 90-day warranty.** There is no warranty, express or implied, related to this report unless disclosed as required by state regulations or a written warranty or service agreement is attached.
- 2. Treatment Recommendation Guidelines Regarding Subterranean Termites:** FHA and VA require treatment when any active infestation of subterranean termites is found. If signs of subterranean termites – but no activity – are found in a structure that shows no evidence of having been treated for subterranean termites in the past, than a treatment should be recommended. A treatment may also be recommended for a previously treated structure showing evidence of subterranean termites – but no activity – if there is no documentation of a liquid treatment by a licensed pest control company within the previous five years unless the structure is presently under warranty or covered by a service agreement with a license pest control company.
- 3. Obstruction and Inaccessible Areas:** No inspection was made in areas which required the breaking apart or into, dismantling, removal of any object, including but not limited to: moldings, floor coverings, wall coverings, siding fixed ceilings, insulation, furniture, appliances, and/or personal possessions; nor were areas inspected which were obstructed or inaccessible for physical access on the date of inspection. Your inspector may write out inaccessible areas or use the key in Section IV. Crawl spaces, attics, and/or other areas may be deemed inaccessible if the opening to the area is not large enough to provide physical access for the inspector or if a ladder was required for access. Crawl spaces (or portions thereof) may also be deemed inaccessible if there is less than 24 inches of clearance from the bottom of the floor joists to the surface below. If any area which has been reported as inaccessible is made accessible, the inspection company may be contacted for another inspection. An additional fee may apply.
- 4. Consumer Maintenance Advisory Regarding Integrated Pest Management for Prevention of Wood Destroying Insects.** Any structure can be attacked by wood destroying insects. Homeowners should be aware of and try to eliminate conditions which promote insect infestation in and around their structure(s). Factors: Sample Condo 2 include: earth to wood contact, foam insulation at foundation in contact with soil, faulty grade, improper drainage, firewood against structure(s), insufficient ventilation, moisture, wood debris in crawlspace, wood mulch or ground cover in contact with the structure, tree branches touches structure(s), landscape timbers and wood decay. Should these or other conditions exist, corrective measures should be taken in order to reduce the chances of i 1125 Maxwell Ln, # treatment.
- 5. Neither the inspecting company nor the inspector has had, presently has, or contemplates having any interest in the property inspected.**