



ID = 27

Home Inspection/Questionnaire Form

House ID 092009 FL02

Date 5/6/10

Field Technician(s) [redacted]

House Address [redacted]

General Weather Description 80° PARTLY CLOUDY, HUMID

1. Questionnaire

1) Interviewed home owner  YES  NO

2) Age of the House (years)  
OCTOBER 2006 - CLOSET

3) Estimated Floor Area (sqft)  
~ 3600 UNDER AIR 4000 + TOTAL

4) Was as there any demo's to the house?  
YES  NO

If YES, when was it done? Please Explain.

5) Has there been any fire in the building?  
YES  NO

If YES, when did it happen? Please Explain.

6) Any pesticides/herbicides been applied around the building or in the yard?  
 YES  NO

If YES, when was it applied? Please list the type of chemicals used.

RARELY IN HOME; SPECIFIC CALLS - WHITE: PAPER ANTS  
VILES; SUGAR?

7) Has there been any recent painting/staining done in the home?

YES

NO

If YES, when, where and what type of paint/stain was used?

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8) Has any work been done on the AC system since construction?

YES

NO

If YES, please describe?

COILS REPLACED ONCE

9) Are all the AC system components original?

YES

NO

If NO, please describe?

COIL

10) What is the age of your refrigerator?

2 1/2 = 3 years ; COMPRESSOR 3-4

11) Has any piping been replaced in the home?

YES

NO

If YES, please describe?

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**2. Building Characteristics**

1) Residential Type (Single/Multi-Family Building) If multi-family, how many units?

SINGLE

2) Number of rooms

5 BEDS, 4 BATHS 13

3) Above grade Construction

Wood Frame    Concrete    Stone    Brick    Other \_\_\_\_\_

4) Basement

METAL STUDS

Full    Crawlspace    Slab    Other \_\_\_\_\_

5) Foundation

Concrete    Cinder Block    Stone    Other \_\_\_\_\_

6) Garage

YES    NO

If YES, Attached    Detached

If YES, Used for Car Parking?    YES    NO

If YES, Any gas-powered equipment or cans of gasoline/fuels stored?

YES    NO

7) Type of HVAC System

(b)(3).Exemption 3 for fairness

Make \_\_\_\_\_ HVAC Model \_\_\_\_\_ Condenser Model \_\_\_\_\_

8) Types of Fuel (circle all that apply)

Natural Gas    Fuel Oil Kerosene    Electric  
Propane    Solar    Wood    Coal

9) Water Supply

Public    Well    Other \_\_\_\_\_

10) Sewage

Public    Septic    Leach Field    Other \_\_\_\_\_

11) Attic

Finished    Unfinished    CRAWL SPACE

3. Interior Characteristics

1) Any odors upon entering the building?

YES

NO

STUFFY

If YES, is the odor drywall related (H2S, rotten egg, burned match, sulfur-like)?

YES

NO

If YES, describe MUSTY - TART

If NO, is the odor coming from other sources (perfume, air freshener, etc.)?

If NO, describe ONLY WHEN COOKING

2) Fireplace

YES

NO

3) Floors (circle all that apply)

Hardwood

Carpet

Ceramic Tile

Vinyl Tile

Unfinished Wood

Unfinished Concrete

Other PORCELAIN; PLYWOOD COATED  
DRIVE

4) Walls (circle all that apply)

Wall Paper

Paint

Skim Coat

Textured

Wood or Wood Paneling

Other \_\_\_\_\_

5) Ceiling (circle all that apply)

Wall Paper

Paint

Skim Coat

Textured

Wood or Wood Paneling

Other \_\_\_\_\_

SYNTHETIC DOORS

