

AVT Enterprises
Engineers & Consultants
718-720-5088
Lic # 1600005388

Name : John Smith.
Address : Any Address.
City : Brooklyn.
State, Zip Code : New York.

Property Location

Address: Any Address.
City, State: Brooklyn, NY.

This is our report of a visual inspection of the readily accessible areas of this building, in accordance with the terms and conditions contained in the **PRE-INSPECTION AGREEMENT**, which is part of this report and incorporated herein. Please read the **REMARKS** printed on each page and call us for an explanation of any aspect of this report, written or printed, which you do not fully understand.

Date of inspection: 01/01/2009. Time: 9.00. Weather Conditions: Clear. Outside Temp. 30 deg.

PRE-INSPECTION AGREEMENT
(PLEASE READ CAREFULLY)

COMPANY agrees to conduct an inspection for the purpose on informing the CUSTOMER of major deficiencies in the condition of the property, subject to the **UNCONDITIONAL RELEASE AND LIMITATION OF LIABILITY** below. The inspection and report are performed and prepared for the sole, confidential and exclusive use and possession of the CUSTOMER. The written report will include the following only:

Structural condition and basement
Electrical, Plumbing, Hot water heater, Heating and Air
Conditioning (excluding room units)
Quality, condition and life expectancy of major systems
Kitchen and bathrooms (excluding appliances)

General interior, including ceilings, walls, floors
windows, insulation and ventilation
General exterior, including roof, gutters, chimney
drainage and grading
Estimates on major repairs within the next 3 years

It is understood and agreed that this inspection will be of readily accessible areas of the building and is limited to visual observations of apparent conditions existing at the time of the inspection only. Latent and concealed defects and deficiencies are excluded from the inspection; equipment, items and systems will not be dismantled.

Maintenance and other items may be discussed, but they are not a part of our inspection. The report is not a compliance inspection or certification for past or present governmental codes or regulations of any kind.

The inspection and report do not address are not intended to address the possible presence of or danger from any potentially harmful substances and environmental hazards including but not limited to radon gas, lead paint, asbestos, urea formaldehyde, toxic or flammable chemicals and water and airborne hazards. Also excluded are inspections of and report on swimming pools, wells, septic systems, security systems, central vacuum systems, water softeners, sprinkler systems, fire and safety equipment and the presence or absence of rodents, termites, and other insects.

UNCONDITIONAL RELEASE AND LIMITATION OF LIABILITY

It is understood and agreed that the COMPANY is not an insurer and that the inspection and report are not intended or to be construed as a guarantee or warranty of the adqacy, performance or condition of any structure, item or system at the property address. The CUSTOMER hereby releases and exempts the COMPANY and its agents and employees of and from all liability and responsibility for the cost or repairing or replacing any unreported defect or deficiency and for any consequential damage, property damage or personal injury of any nature.

In the event that the Company and/or its agents or employees are found liable due to breach of contract, breach of warranty, negligence, negligent misrepresentation, negligent hiring or any other theory of liability, then the liability of the COMPANY and its agents and employees shall be limited to a sum equal to the amount of the fee paid by the CUSTOMER for the inspection and report.

Acceptance and understanding of this agreement are hereby acknowledged:

Company Representative

Date

Customer

Date

Payment Record

Total Fee \$ _____ Paid by: Check Cash Money Order

BUILDING INSPECTION REPORT SUMMARY

List of major electrical, mechanical and plumbing items not operating, roof leaks and major deficiencies:

- 1) Check of legal status of rear wood frame top floor extension needed. Upgrades to wood frame extension also needed. Highly weathered and worn
- 2) Masonry repairs, replacement of lintels and tuck pointing of exterior brick needed on building. Some additional pointing and repairs to visible portions of brick foundation in basement also needed
- 3) Resurfacing of exterior concrete needed. Sidewalk, rear concrete etc. Improved pitch and improved drainage also needed. Seepage signs noted at back of basement. Waterproofing of foundation recommended especially prior to finishing basement.
- 4) Powder post beetle damage noted to flooring and molding in rear extension. House needs to be treated. Repair to rear extension also needed.
- 5) Electrical upgrades needed including new 100 amp service, replacing older cloth covered wiring, adding circuits, new, fixtures, outlets etc. Evaluation by licensed electrician needed. 6) Due advanced age of visible piping and overall age and interior condition of kitchen and baths, full upgrade of plumbing should be done with renovations (water, waste, heat & gas) Repiping recommended with renovations. Evaluation by licensed plumber needed.
- 7) Some above average floor sag noted in hall & bath area of 2nd floor. Typical with this age house. Generally caused by deterioration to joists under bath area & around staircase header. Unable to evaluate due joists not visible, framing upgrades should be anticipated. Further investigation needed.
- 8) Roof leak noted around skylights. Also general wear and bubbled areas noted to membrane roofing. Evaluation by roofer needed. Full strip and recovery should be anticipated and considered.

List of some important non-cosmetic items not significantly defective or in need of immediate repair or replacement but may be within the next 3 years:

- 1) Rebuilding of front landscape retaining walls and exterior steps
- 2) Recovery of porch roof.
- 3) Windows, skylights and exterior doors on house highly worn. Replacement needed.

Inspection Remarks

House main levels require average amounts of cosmetic work in addition to above items and routine maintenance, with exception of kitchens and baths which are dated & worn and in need of upgrades. Finished basement in poor overall condition and needs full gut rehab. Full plumbing and electrical upgrades should be done with renovations.

The following pages of the report cover in greater detail the items which are part of the inspection. Additional recommendations may also be found on the following pages.

STRUCTURE

TYPE OF BUILDING	<input type="checkbox"/> Single <input type="checkbox"/> Duplex <input checked="" type="checkbox"/> Rowhouse/Townhouse <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Coop/Condo <input checked="" type="checkbox"/> Attached masonry rowhouse 90+yrs.
	<input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> Masonry _____ <input type="checkbox"/> Gable Roof <input type="checkbox"/> Shed <input type="checkbox"/> Hip <input type="checkbox"/> Gambrel <input type="checkbox"/> Mansard <input checked="" type="checkbox"/> Flat
STRUCTURE	Foundation Wall: <input type="checkbox"/> Pour Concrete <input type="checkbox"/> Block <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stone Posts/Columns: <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> None <input type="checkbox"/> Not visible Floor Structure: <u>3 x 8 Floor Joists.</u> Wall Structure: <u>2 x 4 Wall framing.</u> Roof Structure: <u>Structure not visible.</u> Observations: <input checked="" type="checkbox"/> Water damage <input checked="" type="checkbox"/> Insect damage <input checked="" type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Signs of abnormal condensation <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> No major structural defects noted -- in normal condition for its age
REMARKS	1) Age related settlement to structure noted, not excessive for its age. 2) Spawling & moisture related erosion noted to visible portions of foundation. Parging & sealing needed along with water proofing of foundation especially prior to finishing basement. 3) Localized water damage noted to visible joists especially in areas of kitchens & baths. Some reframing should be anticipated as part of interior renovations. Framing damage may exist in areas not visible 4) Powder post beetle damage noted to flooring and molding in rear extension. House needs to be treated. Damage may exist in areas not visible.
	BASEMENT (OR LOWER LEVEL)
BASEMENT	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Slab on grade <input type="checkbox"/> Limited visibility due to extensive basement storage Walls: <input checked="" type="checkbox"/> Open <input checked="" type="checkbox"/> Closed Ceiling: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed Basement finished, structural & framing members not visible. Poor cosmetic condition, full gut rehab needed.
FLOOR	<input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Dirt <input checked="" type="checkbox"/> Resilient tile <input type="checkbox"/> Carpeting _____ Old VCT tile high wear. Wood subfloor in rer extension damaged. Full _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
FLOOR STORM DRAIN	<input type="checkbox"/> Tested <input checked="" type="checkbox"/> Not tested <input type="checkbox"/> Water observed in trap Recommend cleanout of floor/storm drains. Improved drainage needed. <input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
SUMP PUMP	<input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> French drain <input checked="" type="checkbox"/> N/A
BASEMENT DAMPNESS	<input checked="" type="checkbox"/> Some signs <input checked="" type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Past <input checked="" type="checkbox"/> Present <input type="checkbox"/> Unknown Non-waterproof foundation general dampness noted. Some seepage signs noted especially at rear extension. Further investigation needed. Waterproofing needed.
CRAWL SPACE	<input type="checkbox"/> Readily accessible <input type="checkbox"/> Not readily accessible <input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditions observed Method: _____ <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Conditions not observed Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Wood to earth contact <input type="checkbox"/> Dampness: <input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Vapor barrier <input type="checkbox"/> Insulation <input type="checkbox"/> Ventilation
REMARKS	

HEATING AND COOLING

HEATING SYSTEM	Fuel: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Gravity Hot Water Boiler <input type="checkbox"/> Forced Hot Water Boiler <input type="checkbox"/> Gravity Air Furnace <input checked="" type="checkbox"/> Steam Boiler <input type="checkbox"/> Radiant Heat <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Heat Pump No. 1 Capacity <u>126000 Btu's.</u> No. 1 Age <u>5-10 yrs.</u> yrs No. 2 Capacity _____ No. 2 Age _____ yrs When turned on by thermostat: <input checked="" type="checkbox"/> Fired <input type="checkbox"/> Did not Fire
FUEL SUPPLY	<input type="checkbox"/> Oil tank in basement <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Public gas supply <input type="checkbox"/> Electricity <input type="checkbox"/> _____ Keyspan Energy.
HEAT EXCHANGER	<input type="checkbox"/> Partially observed <input checked="" type="checkbox"/> Not visible; enclosed combustion <input checked="" type="checkbox"/> Have condition checked prior closing. <input type="checkbox"/> N/A Recommend Precautionary CO chk with repeat annual tests.
REMARKS	Weil Mclain, boiler operating normally at time of inspection, age related wear to unit noted. Recommend service contract though keyspan energy (national grid). Age related maintenance and repairs to unit should be anticipated.
DELIVERY SYSTEM	<input checked="" type="checkbox"/> Radiators <input type="checkbox"/> Convector <input type="checkbox"/> Baseboard Convectors <input type="checkbox"/> Ductwork <input type="checkbox"/> Satisfactory <input type="checkbox"/> Galvanized pipes <input type="checkbox"/> Copper pipes <input checked="" type="checkbox"/> Iron pipes <input checked="" type="checkbox"/> Pipes not visible <input type="checkbox"/> N/A Older sections of pipe and components noted. System functional but age related maintenance to system should be anticipated. Various radiators need repitching with new valves. Service by plumber needed. Basement baseboard not hooked up. New installation will be needed for basement heat.
HUMIDIFIER	<input type="checkbox"/> Atomizer <input type="checkbox"/> Evaporator <input type="checkbox"/> Not functioning <input type="checkbox"/> Not tested <input checked="" type="checkbox"/> N/A
FILTER	<input type="checkbox"/> Washable <input type="checkbox"/> Disposable <input type="checkbox"/> Electronic <input type="checkbox"/> Electrostatic <input checked="" type="checkbox"/> N/A
AUXILARY HEAT	Location 1: _____ Type 1: _____ <input type="checkbox"/> Satisfactory Location 2: _____ Type 2: _____ <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
COOLING	<input type="checkbox"/> Central Air <input type="checkbox"/> Room Units <input type="checkbox"/> Heat Pump <input type="checkbox"/> Though Wall Package Unit <input type="checkbox"/> Satisfactory <input type="checkbox"/> Electric Compressor <input type="checkbox"/> Gas Chiller <input type="checkbox"/> Ductwork <input checked="" type="checkbox"/> N/A Condensing Unit Capacity 1: _____ Age: _____ yrs <input type="checkbox"/> Not tested (see page 6) Condensing Unit Capacity 2: _____ Age: _____ yrs <input type="checkbox"/> Tested Condensing Unit Capacity 3: _____ Age: _____ yrs
REMARKS	_____

PLUMBING

WATER SERVICE ENTRANCE PIPE	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (see page 8) <input checked="" type="checkbox"/> Water meter installed <input checked="" type="checkbox"/> Satisfactory Pipe: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Lead <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Main shutoff location: <u>Basement.</u> No leaks noted.
SUPPLY PIPES	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Satisfactory Water Flow: <input checked="" type="checkbox"/> Tested <input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Leaks: <input checked="" type="checkbox"/> None observed <input type="checkbox"/> N/A Hose bibbs: <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input checked="" type="checkbox"/> Not tested <input type="checkbox"/> None
DRAIN, WASTE, VENT	Waste Pipes: <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Brass <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Lead <input checked="" type="checkbox"/> Cast iron <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Fresh air vents visible <input checked="" type="checkbox"/> Below ground trap <input checked="" type="checkbox"/> Slow drain <input type="checkbox"/> Leaks <input checked="" type="checkbox"/> None observed Waste Disposal: <input checked="" type="checkbox"/> Public Sewers <input type="checkbox"/> Private Septic (see page 8) Recommend annual cleanout of house drains and main waste line.
WATER HEATER	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Integral with heating system <input type="checkbox"/> Boiler Mate Tank <input checked="" type="checkbox"/> Satisfactory Capacity <u>40.</u> Gal. Ample for <u>4.</u> people <input type="checkbox"/> N/A Age: <u>12.</u> yrs <input checked="" type="checkbox"/> Pressure relief valve <input type="checkbox"/> Extension Average life expectancy of unit 8 - 10 years. Anticipate replacement.
REMARKS	Distribution piping functional, numerous older sections noted. Based on age of visible piping and anticipated renovations full upgrade piping recommended. Evaluation by licensed plumber needed.

ELECTRICAL

SERVICE ENTRANCE CABLE	Capacity <u>60.</u> Amps <u>220.</u> Volts Service entrance: <input type="checkbox"/> Overhead <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Satisfactory Conductor material: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Unknown Service upgrade to at least 100 amps 220 volts needed.
MAIN PANEL BOX	Location: <u>BSMT.</u> <u>60.</u> Amps <input checked="" type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Satisfactory <input type="checkbox"/> Subpanel Location: _____ <input checked="" type="checkbox"/> Grounded <input type="checkbox"/> N/A Capacity of Main Current Disconnect: _____ Amps _____ Amps _____ Amps _____ Amps Upgrade of service and equipment needed.
CIRCUITS/WIRING	Quality: <input type="checkbox"/> Ample Branch Wiring: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Satisfactory GFCI: <input checked="" type="checkbox"/> Needed in kitchens baths Various older conductors noted, Distribution upgrades recommended including replacing older cloth covered wiring, extra circuits, outlets etc.
OUTLETS, FIXTURES, SWITCHES	<input checked="" type="checkbox"/> Random testing <input checked="" type="checkbox"/> Reversed polarity <input checked="" type="checkbox"/> Open ground <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Satisfactory Limited testing. Extra outlets may be desired. Two prong outlets need replacing.
REMARKS	Distribution upgrade needed, including new service and full distribution upgrade to building. Evaluation by electrician needed. Rewire with renovations.

KITCHENS AND BATHS

CABINETS/ COUNTERS	Old wood cabinets and laminate counter(40+yrs)-serviceable but showing their age with high wear. <input type="checkbox"/> Satisfactory
SINK	Plumbing Leaks: <input type="checkbox"/> Some Signs <input checked="" type="checkbox"/> Not observed <input checked="" type="checkbox"/> Satisfactory Disposal: <input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ yrs
DISH WASHER	<input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Not tested Age: _____ yrs <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
RANGE/ OVEN	<input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not operating <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Microwave Age: <u>50+</u> yrs <input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A Older Caloric unit-functional with wear.
REFRIGE	<input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not operating <input checked="" type="checkbox"/> Frost Free Age: <u>10+</u> yrs <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A Basic unit-functional with wear.
OTHER APPLIANCES	_____ _____ <input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ yrs <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ yrs
FLOOR	<input type="checkbox"/> Resilient tile <input checked="" type="checkbox"/> Sheet goods <input type="checkbox"/> Ceramic <input type="checkbox"/> _____ <input type="checkbox"/> Satisfactory Linoleum floor with high degree of age related wear.
VENTING	<input type="checkbox"/> Exhaust fan <input type="checkbox"/> Ductless <input type="checkbox"/> Vented to outside <input type="checkbox"/> Filter <input type="checkbox"/> Light <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A -
CLOTHES WASHER	<input type="checkbox"/> Operating <input checked="" type="checkbox"/> Not tested Age: <u><5.</u> yrs <input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A Not tested, need full cycle to properly test.
CLOTHES DRYER	<input type="checkbox"/> Operating <input type="checkbox"/> Not tested <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ yrs <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Vented to _____
REMARKS	Kitchen and baths need full rehab.

BATHROOM NO.1: Location: 2nd Flr.

Built in tub Leg tub Stall shower Jacuzzi
Shower wall covering: Ceramic tile _____
Tile regrouting needed: Yes No
Floor covering: Ceramic tile _____
 Ventilation Skylight Vent.
Leaks: Some signs None observed Satisfactory
Older fixtures, (Sink, bowl and tub) functional but showing its age. Anticipate upgrade.

BATHROOM NO.2: Location: Bsmt.

Built in tub Leg tub Stall shower Jacuzzi
Shower wall covering: Ceramic tile _____
Tile regrouting needed: Yes No
Floor covering: Ceramic tile _____
 Ventilation Window.
Leaks: Some signs None observed Satisfactory
Old shower and bowl.. Poor overall condition. Full rehab needed.

BATHROOM NO.3: Location: _____

Built in tub Leg tub Stall shower Jacuzzi
Shower wall covering: Ceramic tile _____
Tile regrouting needed: Yes No
Floor covering: Ceramic tile _____
 Ventilation:
Leaks: Some signs None observed Satisfactory

BATHROOM NO.4: Location: _____

Built in tub Leg tub Stall shower Jacuzzi
Shower wall covering: Ceramic tile _____
Tile regrouting needed: Yes No
Floor covering: Ceramic tile _____
 Ventilation:
Leaks: Some signs None observed Satisfactory

INTERIOR

FLOORS	<input checked="" type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input checked="" type="checkbox"/> Plywood <input type="checkbox"/> Wall-to-Wall Carpet <input checked="" type="checkbox"/> Not visible <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Tile/Sheet Goods <input type="checkbox"/> Other: _____ Base floors not fully visible. Floor dated coverings with age related wear. Localized repairs & refinishing of wood floors needed throughout.
WALLS	Plaster on: <input type="checkbox"/> Gypsum Lath <input checked="" type="checkbox"/> Wood Lath <input checked="" type="checkbox"/> Not known Other _____ <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Paneling _____ Various cosmetic attention required throughout.
CEILINGS	Plaster on: <input type="checkbox"/> Gypsum Lath <input checked="" type="checkbox"/> Wood Lath <input checked="" type="checkbox"/> Not known <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Drop ceiling <input type="checkbox"/> _____ Various cosmetic attention required throughout.
STAIRS/ RAILINGS	Main stairs serviceable. Normal wear & settlement. Some tightening needed. <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
FIREPLACE	<input type="checkbox"/> Flue liner <input type="checkbox"/> Damper <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Satisfactory <input type="checkbox"/> Metal pre-fab <input type="checkbox"/> Free-standing <input type="checkbox"/> Clean before use <input type="checkbox"/> N/A Closed off not functional.
DOORS (INTERIOR)	Older interior doors with age related wear to doors and hardware noted. Some upgrades needed. Pocket doors need refitting. <input type="checkbox"/> Satisfactory
WINDOWS	<input checked="" type="checkbox"/> Double hung <input type="checkbox"/> Casement <input type="checkbox"/> Awning <input type="checkbox"/> Sliding <input type="checkbox"/> Fixed <input type="checkbox"/> Satisfactory <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Insulated glass <input type="checkbox"/> Jalousie <input type="checkbox"/> Vinyl covered wood <input type="checkbox"/> Storm windows Older builders grade units and old wood windows with high degree of age related wear. Replacement needed to all units.
REMARKS	General interior in need of various cosmetic attention, dated and showing its age in several areas. Finished basement needs full gut rehab.

ATTIC

ACCESS	How observed: _____ <input type="checkbox"/> Not observed <input type="checkbox"/> Satisfactory <input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input type="checkbox"/> Scuttlehole <input type="checkbox"/> No access <input checked="" type="checkbox"/> N/A Inaccessible air space, no attic.
MOISTURE STAINS	<input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Mold and Mildew <input type="checkbox"/> Condensation Structure not visible.
STORAGE	<input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Floored <input type="checkbox"/> Not floored
INSULATION	Type: _____ Avg. inches _____ <input type="checkbox"/> Satisfactory Installed in: <input type="checkbox"/> Rafters <input type="checkbox"/> Floor Approx. R Rating: _____ <input type="checkbox"/> N/A Unable to evaluate no access.
VENTING	<input type="checkbox"/> Window(s) <input type="checkbox"/> Attic Fan <input type="checkbox"/> Whole House Fan <input type="checkbox"/> Gable End Louvers <input type="checkbox"/> Satisfactory <input type="checkbox"/> Ridge Vent <input type="checkbox"/> Soffit Vent <input type="checkbox"/> Turbine <input type="checkbox"/> Roof Vent(s) <input type="checkbox"/> N/A Recommend add roof vent.
REMARKS	

ROOFING

	Location	Materials	Age	
ROOF COVERING	<u>Building.</u>	<u>Flat "rubber"</u>	<u>10.</u> yrs	<input type="checkbox"/> Satisfactory
	<u>Porch.</u>	<u>Asphalt Shingles.</u>	<u>10-15</u> yrs	<input checked="" type="checkbox"/> Satisfactory
	<u>Rear ext.</u>	<u>Flat "rubber"</u>	<u>10.</u> yrs	<input checked="" type="checkbox"/> Satisfactory
	_____	_____	_____ yrs	<input type="checkbox"/> Satisfactory
How observed: <u>Visual on Roof.</u>				
Active roof leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed				
Porch shingles serviceable with age related wear. Anticipate recovery in near future. Main and extension roof with rubber membrane. Leak noted around skylight. Also general wear and bubbled areas noted. Evaluation by roofer needed. Full strip and recovery should be anticipated and considered				
FLASHING	<input type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Rubberized membrane Not visible.			<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
GUTTERS/ LEADERS	<input checked="" type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood Extension/Slashblocks: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Standpipes Sealing, realignment & cleanout recommended.			<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

EXTERIOR

EXTERIOR DOORS	Older exterior doors functional with age related wear & weathering. Upgrades recommended.			<input type="checkbox"/> Satisfactory
WINDOWS/ SKYLIGHTS	Roof windows and skylights: <input checked="" type="checkbox"/> Moisture stains <input type="checkbox"/> Extensive <input type="checkbox"/> None observed			<input type="checkbox"/> Satisfactory
	Cap frames with window replacement.			
EXTERIOR WALL COVERING	Location	Material		
	<u>Front.</u>	<u>Brick.</u>		<input type="checkbox"/> Satisfactory
	_____	_____		<input type="checkbox"/> Satisfactory
	<u>Rear & extension.</u>	<u>Brick.</u>		<input type="checkbox"/> Satisfactory
	<u>Top extension.</u>	<u>Asphalt shingles.</u>		<input type="checkbox"/> Satisfactory
Exterior brick with masonry wear, receding mortar, various cracking and rusted lintels. Masonry repairs and tuck pointing needed. Lintels need replacing. Frame extension on top of brick extension also needs various repairs. Highly weathered and worn.				
EXTERIOR TRIM	<input checked="" type="checkbox"/> Signs of rot <input type="checkbox"/> Extensive <input type="checkbox"/> None observed Cornice & visible trim with weathering & wear. Routine refinishing needed every 3 - 5 years. Rear frame extension and porch enclosure also needs repair and refinishing.			<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
CHIMNEY	<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Block <input checked="" type="checkbox"/> In Chase <input checked="" type="checkbox"/> Clean before use <input checked="" type="checkbox"/> Cap needed Liner deterioration noted. Recommend internal inspection and cleaning by specialist.			<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
GARAGE/ CARPORT	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Door opener <input type="checkbox"/> Operating <input type="checkbox"/> Safety Reverse			<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
PORCH	Floor: <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Railing/Guardrail Enclosed porch with weathering and wear. Refinishing needed. Some cracking to slab noted.			<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
REMARKS				

GROUNDS

GRADING	General grading, slope and drainage: Localized grading flat. Regrade required if bsmt. moisture becomes objectionable.	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
SIDEWALK/ WALKWAYS	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Bluestone <input type="checkbox"/> _____ Age related wear & cracking noted. Resurfacing needed.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
DRIVEWAY	<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
WINDOW WELLS	<input type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
RETAINING WALLS	<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Weep Holes Pointing and repair to front brick landscape wall needed. Weep holes also needed.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
TREES/ SHRUBBERY	Not evaluated due winter.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
FENCING	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> _____ Older fence with age related wear and weathering. Upgrade needed.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
REMARKS		
DECK/ BALCONY	<input type="checkbox"/> Signs of rot <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> On grade <input type="checkbox"/> Raised <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Handrail	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
PATIO/ TERRACE	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> _____ Resurfacing and repitching needed to concrete at rear of house.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
EXTERIOR STEPS	Landing: <input checked="" type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> _____ Steps: <input checked="" type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> _____ <input type="checkbox"/> Hand rails Front and rear concrete steps with masonry wear, porosity & some cracking noted. Localized repairs and pointing needed.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
OUT- BUILDINGS	<input type="checkbox"/> Not observed	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
REMARKS		

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2

Section I. General Information

Inspection Company, Address & Phone

AVT Enterprises.

PO Box 280-291.

Brooklyn, NY 11228-0291. 718 720-5088.

Company's Business Lic. No.

C2673396.

Date of Inspection

02/02/2009.

Address of Property Inspected

538 16th Street.

Brooklyn, NY.

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

Joseph A. Pasaturo.

C2673396.

Structure(s) Inspected

House.

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

- A. No visible** evidence of wood destroying insects was observed.
- B. Visible** evidence of wood destroying insects was observed as follows:
1. Live insects (description and location): _____
2. Dead insects, insects parts, frass, shelter tubes, exit holes, or staining (description and location): _____
3. **Visible** damage from wood destroying insects was observed as follows (description and location): Powderpost beetle damage noted along back side of basement in rear extension.

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 by 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 or portion thereof may have been previously treated. Visible evidence of possible previous treatment:

No proof of treatment noted.

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) _____
- Recommended treatment for control of: Powderpost Beetles.

Section IV. Obstructions and Inaccessible Areas

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

- Basement 1. 6. 7. 8. 9. 11.
- Crawlspace _____
- Main Level 1. 3. 4. 6. 7. 8. 9. 11.
- Attic _____
- Garage _____
- Exterior 17.
- Porch _____
- Addition _____
- Other _____

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

- | | |
|-------------------------|---------------------------------------|
| 1. Fixed ceiling | 13. Only visual access |
| 2. Suspended ceiling | 14. Cluttered condition |
| 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 covers |
| 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) not visible.

Damage may exist in areas

Attachments _____

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

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