



Comprehensive Realty Inspections dba Global Property Inspections

Greg Flowers, 947 Malaga St, Half Moon Bay, CA, 94019



Wednesday, October 09, 2013

Inspector

Dean R Stocker

6505715300

dean@greendeaninspections.com

" Independently Owned and Operated "

Inspection Date :
10/9/2013

Inspector: Dean R Stocker
Inspector Phone: (650) 571-5300

Email: dean@greendeaninspections.com



Comprehensive Realty Inspections dba Global Property Inspections

Greg Flowers, 947 Malaga St, Half Moon Bay, CA, 94019

INVOICE # : 608022264

Inspection Date : 10/9/2013 10:00 AM
 Comprehensive Realty Inspections
 dba Global Property Inspections
 P.O. Box 25534
 San Mateo CA 94402

Client Name : **Greg Flowers**
 Property Location : **947 Malaga St**
Half Moon Bay CA 94019

Billing Address :

Client Phone : (831)434-6846
 Client Email :

TYPE OF INSPECTIONS PERFORMED

Home Inspection		\$450.00
	Subtotal	\$450.00
	Total	\$450.00
Grand Total	<i>Due Upon Receipt</i>	\$450.00

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Inspection Date : 10/9/2013 Inspector: Dean R Stocker Email: dean@greendeaninspections.com
 Inspector Phone: (650) 571-5300



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PRE-INSPECTION AGREEMENT

The client understands that this Home Inspection is only a visual review of readily accessible areas. The Standards of Practice used meet those prescribed by the American Society of Home Inspectors (ASHI). No excavation, disassembly or removal of obstructions is performed. Hidden or obstructed defects may not be observed. In addition, some property components are inspected on a random sampling of like items, i.e., electrical outlets, windows, doors, etc. Therefore, not every defect may be identified.

We encourage the client to be present at the inspection. This will enable the inspector to point out specific observations, as well as help the client understand any comments provided in the Home Inspection Report. This report is intended for use only by the party contracting for same. It is not intended to benefit any third party.

The client understands, accepts and agrees that Comprehensive Realty Inspections does not, impliedly or expressly, warrant or guarantee its Home Inspection, Home Inspection Report, or the condition of the subject property.

In the event that any dispute arises out of, or relates to, the Home Inspection performed or Home Inspection Report issued under this Agreement, such dispute shall be submitted to arbitration for resolution. Election to submit any claim to arbitration must be given, in writing, to Comprehensive Realty Inspections within one (1) year of the Home Inspection. The arbitration shall be conducted pursuant to the "Rules and Procedures for the Expedited Arbitration of Home Inspection Disputes" administered by Construction Arbitration Services, Inc. In the event that a dispute is submitted to arbitration pursuant to this Paragraph, the decision of the arbitrator shall be final and binding on the parties and judgment on the award of the arbitrator may be entered in any court of competent jurisdiction. As a condition of the reduced fee incorporated herein, our liability shall in no case exceed five times the amount of the fee charged.

Comprehensive Realty Inspections expresses no opinion of the subject property beyond what is set forth in its Home Inspection Report. The client may wish to obtain other types of inspections, such as mold, air quality or environmental inspections that are not addressed in the Home Inspection Report. National Property Inspections does not inspect for compliance with building codes or regulations of any governmental body, entity or agency.

The client understands that the inspection is being performed (and the report is being prepared) for the sole, confidential, and exclusive benefit and use of the client. The report, or any portion thereof, is not intended for any person not party to this Agreement, including (but not limited to), the seller (or buyer), or real estate agent(s) involved in the real estate transaction (third party). If you directly or indirectly allow the report or any portion thereof to be disclosed or distributed to any third party, you agree to

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indemnify, defend and hold National Property Inspections harmless for any claims or actions based on the Inspection or Report brought by a third party.

The client understands that an additional charge of Seventy-Five Dollars (\$75.00) will be included in the quoted fee if the fee is to be paid through escrow. In the event that the client is unavailable to sign this Agreement at the time of the inspection, payment for this Inspection report constitutes acceptance of this Pre-Inspection Agreement.

ACKNOWLEDGEMENT

Client acknowledges and agrees that Dean R Stocker, Comprehensive Realty Inspections, dba Global Property Inspections, is an independently-owned and operated franchise and not an employee, partner, or agent and cannot make any contract, agreement, warranty or representation on behalf of National Property Inspections, Inc., 9375 Burt Street, Suite 201, Omaha, NE 68114.

Inspector Signature

Client Signature

10/9/2013

Date

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GRADING / DRAINAGE

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Near Level
 Positive Slope
 Negative Slope
 Ponding

Comments : Negative slope in front may cause drainage problems during rains.

DRIVEWAY

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Concrete
 Asphalt
 Brick
 Gravel
 General Deterioration
 Cracks
 Settlement

Comments :

WALKS / STEPS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Concrete
 Flagstone
 Brick
 Wood
 General Deterioration
 Handrail Loose / Missing
 Cracks / Settlement
 Tripping Hazard
 Poor Earth / Wood Clearance

Comments :

PORCHES / STOOPS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Enclosed
 Open
 General Deterioration
 Settlement
 Poor Earth / Wood Clearance
 Handrail Loose / Missing

Comments :

FENCES / GATES

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Wood
 Plastic / PVC
 Chain Link
 Masonry
 Wrought Iron
 General Deterioration
 Leaning
 Rotting
 Portion(s) Missing
 Needs Repairs

Comments : Fence on left side is loose and leaning in several areas. Recommend repair or replacement.

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ROOFING

Monitor Condition

Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age : **20-30** **Years** Design Life : **15-20** **Year(s)** Layers : **1**

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Visual From Ground | <input checked="" type="checkbox"/> Walked On | <input type="checkbox"/> Ladder at Eaves | <input type="checkbox"/> Snow Covered |
| <input checked="" type="checkbox"/> Asphalt / Composition | <input type="checkbox"/> Wood Shake | <input type="checkbox"/> Wood Shingle | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Tar and Gravel | <input type="checkbox"/> Metal | <input type="checkbox"/> Rolled Composition | <input type="checkbox"/> Slate |
| <input type="checkbox"/> Membrane | | | |
| <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Missing Shingle(s) | <input type="checkbox"/> Cupping/Curling/Lifting/Brittle | <input type="checkbox"/> Previous Repairs Noted |
| <input type="checkbox"/> Excessive Granular Loss | <input type="checkbox"/> Bubbling | <input type="checkbox"/> Trim Trees / Branches | <input type="checkbox"/> Improper Installation |

Comments : **Leaks not always detectable.**

Excessive granular loss noted on older roofing. Partial roofing replacement noted in several large areas.



FLASHING/VALLEYS

Monitor Condition

Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Metal | <input checked="" type="checkbox"/> Composition / Membrane | | |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Rust | <input type="checkbox"/> Improper Installation | <input type="checkbox"/> Suspected Leak(s) |
| <input type="checkbox"/> Exposed Nails | <input type="checkbox"/> Previous Repairs Noted | <input type="checkbox"/> Filled with Debris | |

Comments : **Metal flashing around perimeter of eave is missing. Over the long term, this will cause edge of decking to deteriorate.**

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GUTTERS/DOWN SPOUTS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- | | | | |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | <input type="checkbox"/> Steel | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Missing | <input type="checkbox"/> Rust / Corroded | <input type="checkbox"/> Leaking | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Filled with Debris | <input type="checkbox"/> Misaligned | <input type="checkbox"/> Missing Extension / Splash Block | |

Comments : No drainage system present for roof. Recommend consulting a licensed roofing contractor for remedies.



EXTERIOR SURFACE

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
SIDING/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXTERIOR FAUCETS Location : Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ELECTRICAL OUTLETS <input type="checkbox"/> NO GFCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR LIGHTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|--|----------------------------------|
| <input checked="" type="checkbox"/> Wood | <input type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Synthetic Stucco | <input type="checkbox"/> Composite | <input type="checkbox"/> Veneer | <input type="checkbox"/> Brick |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Needs Paint | <input type="checkbox"/> Missing / Loose | <input type="checkbox"/> Cracked |
| <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Poor Earth / Siding Clearance | | |

Comments : Exterior wood siding and trim needs caulk and painting. Inadequate clearance between siding and soil at front and sides. Dry rot noted on lower boards.

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WINDOWS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	☑	☐	☐	☐	☐

- | | | |
|---|---|--|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Vinyl | <input checked="" type="checkbox"/> Metal |
| <input checked="" type="checkbox"/> Insulated Panes | <input type="checkbox"/> Single Pane | <input type="checkbox"/> Window Wells |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Defective / Damaged Storm Windows |
| <input type="checkbox"/> Needs Paint / Finish | <input type="checkbox"/> Fogged | <input type="checkbox"/> Painted Shut |

Comments :

EXTERIOR DOORS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	☑	☐	☐	☐	☐

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Wood | <input checked="" type="checkbox"/> Metal | <input checked="" type="checkbox"/> Vinyl | <input type="checkbox"/> Fiberglass |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Delaminated / Damaged | <input type="checkbox"/> Missing / Damaged Hardware | <input type="checkbox"/> Doorbell Inoperative |
| <input type="checkbox"/> Screen / Storm Door Damaged | <input type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Repair/Replace Weather-Strip | <input type="checkbox"/> Needs Caulk / Seal |

Comments :

FOUNDATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Recommend Repairs	☐	☐	☐	☐	☑

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Concrete | <input type="checkbox"/> Slab | <input checked="" type="checkbox"/> Post / Pier |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Stone | <input type="checkbox"/> Wood | <input type="checkbox"/> Sub-Grade Entryway |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Horizontal Cracks | <input type="checkbox"/> Step Cracks | <input type="checkbox"/> Vertical Cracks |
| <input type="checkbox"/> Limited Observation | <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Trim Vegetation | |

Comments : No concrete perimeter foundation beams present. Recommend further analysis by a licensed structural engineer.

Attic / Roof

Method of Inspection Physical Entry Visual from Access No Access / Limited View **90 % Visible**

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ATTIC / ROOF FRAMING/SHEATHING

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---|---|--|
| <input type="checkbox"/> Trusses | <input checked="" type="checkbox"/> Rafters | <input checked="" type="checkbox"/> Plywood / Panel Board / Boards |
| <input type="checkbox"/> Broken Rafters / Trusses | <input type="checkbox"/> Deflection | <input type="checkbox"/> Water Stains / Suspected Leak(s) <input type="checkbox"/> Delaminated |

Comments : Leaks not always detectable.

ATTIC / ROOF VENTILATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- | | | | | |
|---|--|---|--------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Gable | <input type="checkbox"/> Ridge | <input type="checkbox"/> Soffit | <input type="checkbox"/> Static Vent | <input type="checkbox"/> Turbine |
| <input type="checkbox"/> Powered Vent | <input type="checkbox"/> Attic Fan | <input type="checkbox"/> Whole House Fan | <input type="checkbox"/> No Venting | |
| <input checked="" type="checkbox"/> Additional Vents Needed | <input type="checkbox"/> Obstructed Air Flow | <input type="checkbox"/> Clothes Dryer / Exhaust Fans Vented Into Attic | | |

Comments : Gable vent missing screening. Recommend a qualified contractor install the proper type of screen material to prevent intrusion of birds and any other type of vermin. Upper ventilation system present with no soffit ventilation system present. Recommend further evaluation by a qualified attic ventilation specialist.

ATTIC / ROOF INSULATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- | | | | |
|-------------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Loose Fill | <input type="checkbox"/> Blanket | <input checked="" type="checkbox"/> Missing | <input type="checkbox"/> Uneven Distribution |
|-------------------------------------|----------------------------------|---|--|

Comments : No insulation present. Recommend installing the appropriate type and amount of insulation to meet today's standards for proper R values.



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ATTIC ELECTRICAL

- Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Open Splices / Junction Boxes

Comments : Limited visibility due to obstructions. See Electrical Section for additional Information.

Rodent droppings noted in attic space.



Foundation

Foundation Type

- Basement Crawl Space Slab On Grade

FOUNDATION FRAMING SUPPORT

- Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- General Deterioration Horizontal Cracks Step Cracks Vertical Cracks
 Limited Observation Leaning / Bowing Inadequate Ventilation Efflorescence / Suspected Leak(s)

Comments : Due to unconventional construction, crawlspace areas are inaccessible.

FOUNDATION FLOOR/SLAB

- Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Concrete Wood
 Settlement Cracks Differential Obscured / Covered

Comments : Crawlspace inaccessible. Assessment based on observable elements.

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CRAWL SPACE

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Physical Entry | <input type="checkbox"/> Visual From Access | <input type="checkbox"/> No Access | <input type="checkbox"/> Limited Access |
| <input type="checkbox"/> Standing Water | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Suspected Water Intrusion | <input type="checkbox"/> Tree / Shrub Penetration |
| <input type="checkbox"/> Damaged / Deteriorated Wood | <input type="checkbox"/> Suspected Plumbing Leak | <input type="checkbox"/> Missing / Improper Vapour Barrier | |

Comments : Unable to inspect due to inaccessibility

ELECTRICAL

Monitor Condition Recommend Repairs

SERVICE SIZE (Main Panel)

- | | | | | |
|---|---|--|---------------------------------------|---|
| <input type="checkbox"/> 110 Volt (Nominal) | <input type="checkbox"/> 110 / 220 Volt (Nominal) | <input checked="" type="checkbox"/> 120 / 240 Volt (Nominal) | <input type="checkbox"/> 60 Amp | <input checked="" type="checkbox"/> 100 Amp |
| <input type="checkbox"/> 125 Amp | <input type="checkbox"/> 150 Amp | <input type="checkbox"/> 200 Amp | <input type="checkbox"/> Undetermined | |

SERVICE SIZE (Sub Panel)

- | | | | |
|---------------------------------|---------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 40 Amp | <input type="checkbox"/> 60 Amp | <input type="checkbox"/> 100 Amp | <input type="checkbox"/> Undetermined |
|---------------------------------|---------------------------------|----------------------------------|---------------------------------------|

SERVICE	<input checked="" type="checkbox"/> Overhead <input type="checkbox"/> Underground	ACC	MAR	NI	NP	DEF
ENTRANCE CABLE	<input type="checkbox"/> Aluminum <input type="checkbox"/> Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/> Breaker(s) <input type="checkbox"/> Fuse(s) <input type="checkbox"/> Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SUB-PANEL	<input type="checkbox"/> Breaker(s) <input type="checkbox"/> Fuse(s) <input type="checkbox"/> Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<input type="checkbox"/> Solid Aluminum <input type="checkbox"/> Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDING/GROUNDING		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI(IN PANEL)*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARC FAULT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Overfused | <input type="checkbox"/> Double Tapping | <input type="checkbox"/> Rust / Corrosion | <input type="checkbox"/> Insufficient Access |
| <input type="checkbox"/> Loose Connections | <input type="checkbox"/> No Main Disconnect | <input type="checkbox"/> Fuse / Breakers Incorrectly Sized | <input type="checkbox"/> Overheating / Scorching |
| <input type="checkbox"/> Improper Splices | <input type="checkbox"/> Open Knockouts | <input type="checkbox"/> Water Meter Not Jumpered | <input type="checkbox"/> Improper Ground |

Comments : *Smoke Detectors / GFCI's checked with test button only. Monthly Test Recommended.
 Consider adding a secondary ground for safety. It is always a good idea to start with fresh batteries in smoke detectors.

Open knock-outs present in side of panel. No main disconnect present. Recommend adding a main disconnect for safety. Several smoke detectors missing or not functional. Recommend replacing and adding smoke detectors as needed. Rust starting to form at base of panel.

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PLUMBING

Monitor Condition Recommend Repairs

Water Service : Water Public Water Private Water Off **Water Shut Off Location :** Front
Sewage Service : Sewage Public Sewage Private Fuel Off **Fuel Shut Off Location :** Side

						ACC	MAR	NI	NP	DEF
SUPPLY	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic	<input type="checkbox"/> Polybutylene	<input type="checkbox"/> PEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAINS	<input type="checkbox"/> PVC	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> ABS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EJECTOR PUMP						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VENTS	<input type="checkbox"/> PVC	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> ABS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- General Deterioration Improper Connections Low Flow Water Conditioner Not Part of Insp.
 Missing / Improper Cleanouts Suspected Leak(s) Improper Venting Water Hammer / Noise

Comments : Main utility line, septic systems and gray water systems are excluded from this Inspection.

Drain line inspection limited to exposed lines and vents.

No water shutoff value present at house entry point. Galvanized supply piping can lead to reduced water pressure over time.

WATER HEATER

Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Brand : A. O. Smith **Model :** Energy Saver **Size :** 50 Gallons
Age : 15-20 Years **Design Life :** 15-20 Years **Serial No :** GK95-2503105-R99

- Gas Electric Oil Solar Integral with Boiler
 Leaks Rust / Corrosion Improper Elevation Insulation Blanket Obstructs View
 Gas Leak Faulty Flue Connection At or Near Design Life Beyond Design Life
 Missing / Improper Pressure Relief Valve / Extension Seismically Strapped

Comments : Not properly strapped. Heavy-gauge solid metal straps must be installed near top and bottom and bolted to the structure with 1/4" lag bolts.

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LAUNDRY FACILITIES

Monitor Condition Recommend Repairs

Location : Hallway	ACC	MAR	NI	NP	DEF
UTILITY HOOKUPS <input type="checkbox"/> Gas (Dryer) <input checked="" type="checkbox"/> Electric (Dryer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRYER VENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DRAIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

HEATING

Monitor Condition Recommend Repairs

Brand : Williams	Model :	BTUs : 35000	
Age : 5-10 Years	Design Life : 20-25 Years	Serial No: 36097767 D	

OPERATION	ACC	MAR	NI	NP	DEF
ABOVE GROUND STORAGE TANKS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUMIDIFIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Forced Air | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Boiler / Hot Water | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Baseboard / Radiant | <input type="checkbox"/> Gravity | | |
| <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Air Source | <input type="checkbox"/> Water Source | | |
| <input type="checkbox"/> Rusted Heat Exchanger | <input type="checkbox"/> Unusual Flame Pattern | <input type="checkbox"/> Too Warm to Test | <input type="checkbox"/> Shut Down For Season |
| <input type="checkbox"/> Corroded / Leaking | <input type="checkbox"/> At or Near Design Life | <input type="checkbox"/> Beyond Design Life | |
| <input type="checkbox"/> Improper Temperature Rise | <input type="checkbox"/> Needs Normal Maintenance / Cleaning | | |
| <input type="checkbox"/> Missing / Improper Pressure Relief Valve Leaks | <input type="checkbox"/> Underground Storage Tank Not Part of Inspection | | |

Comments : Heat Exchanger - Unable to detect cracks/holes without dismantling unit.

DRAFT CONTROL/VENT

Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Metal Pipe | <input type="checkbox"/> PVC | |
| <input type="checkbox"/> Negative Slope | <input type="checkbox"/> Improper Size | <input type="checkbox"/> Inadequate Flue Clearance |
| <input type="checkbox"/> Obstruction | <input type="checkbox"/> Loose Connection | <input type="checkbox"/> Inadequate / Marginal Combustion Air |
| <input type="checkbox"/> Leaks | <input type="checkbox"/> Improper Connection | <input type="checkbox"/> Excessive Corrosion / Perforation |

Comments :

" Independently Owned and Operated "

Inspection Date : 10/9/2013	Inspector: Dean R Stocker Inspector Phone: (650) 571-5300	Email: dean@greendeaninspections.com
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Greg Flowers, 947 Malaga St, Half Moon Bay, CA, 94019

HEATING DISTRIBUTION

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
DISTRIBUTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BLOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CONTROLS/THERMOSTAT (CALIBRATIONS/TIMED FUNCTIONS NOT CHECKED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCULATOR PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ductwork					
<input type="checkbox"/> Rusted					
<input type="checkbox"/> Air Leaks Noted at Plenum / Duct Joints					
<input type="checkbox"/> Radiators					
<input type="checkbox"/> Dirty Filter					
<input type="checkbox"/> Baseboard					
<input type="checkbox"/> Crushed / Disconnected Ducts					
<input type="checkbox"/> Circulator Pump Leaking / Noisy / Inoperable					
<input checked="" type="checkbox"/> Wall Furnace					
<input type="checkbox"/> Noisy Blower					

Comments : Current safety standards require all habitable rooms to have a separate source of heat.

KITCHEN

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE TOP/OVEN <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STOVE ANTI-TIP BRACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISHWASHER/CROSS FLOW PROTECTION <input type="checkbox"/> Leaking Seal <input type="checkbox"/> Clogged Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROWAVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GARBAGE DISPOSAL <input type="checkbox"/> Seized <input type="checkbox"/> Noisy <input type="checkbox"/> Improper Elec. Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : * Note: Non-ducted exhaust fan. Dishwasher is being replaced per owner.

GFCI outlet to the right of the sink not functioning properly (will not trip with an outside source). Recommend replacement. Faucet missing parts. Recommend replacement. Front of sink starting to rust. Front burners on range do not light.

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FAMILY ROOM

Monitor Condition Recommend Repairs

				ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET/STORAGE				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUILT IN SHELVING				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WET BAR	<input type="checkbox"/> No GFCI Protection			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments :

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HALLWAY BATHROOM

Monitor Condition Recommend Repairs

				ACC	MAR	NI	NP	DEF
CEILING(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/> Leaking	<input type="checkbox"/> Cracked / Damaged		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TOILET	<input type="checkbox"/> Loose at Base	<input type="checkbox"/> Runs Continuously		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/> No Service Access	<input type="checkbox"/> No GFCI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : Door is damaged. Right sink stopper is missing. Left sink stopper not functioning properly. Repairs recommended.



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LEFT REAR BEDROOM

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments : Interior door trim is missing. Closet door has been removed.

FRONT BEDROOM

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments : No outlet available to test.

Door does not latch or lock properly. Closet doors have been removed.

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REAR RIGHT BEDROOM

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments :

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Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

GRADING / DRAINAGE

Defective

Negative slope in front may cause drainage problems during rains.

FENCES / GATES

Defective

Fence on left side is loose and leaning in several areas. Recommend repair or replacement.

ROOFING

Marginal

Excessive granular loss noted on older roofing. Partial roofing replacement noted in several large areas.

FLASHING/VALLEYS

Defective

Metal flashing around perimeter of eave is missing. Over the long term, this will cause edge of decking to deteriorate.

GUTTERS/DOWN SPOUTS

Defective

No drainage system present for roof. Recommend consulting a licensed roofing contractor for remedies.

EXTERIOR SURFACE

Siding/Trim

Defective

Exterior wood siding and trim needs caulk and painting. Inadequate clearance between siding and soil at front and sides. Dry rot noted on lower boards.

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FOUNDATION

Defective

No concrete perimeter foundation beams present. Recommend further analysis by a licensed structural engineer.

VENTILATION

Defective

Gable vent missing screening. Recommend a qualified contractor install the proper type of screen material to prevent intrusion of birds and any other type of vermin. Upper ventilation system present with no soffit ventilation system present. Recommend further evaluation by a qualified attic ventilation specialist.

INSULATION

Defective

No insulation present. Recommend installing the appropriate type and amount of insulation to meet today's standards for proper R values.

ATTIC ELECTRICAL

Defective

Rodent droppings noted in attic space.

ELECTRICAL

Panel

Defective

Smoke Detectors*

Defective

Open knock-outs present in side of panel. No main disconnect present. Recommend adding a main disconnect for safety. Several smoke detectors missing or not functional. Recommend replacing and adding smoke detectors as needed. Rust starting to form at base of panel.

PLUMBING

Supply

Defective

No water shutoff valve present at house entry point. Galvanized supply piping can lead to reduced water pressure over time.

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WATER HEATER

Defective

Not properly strapped. Heavy-gauge solid metal straps must be installed near top and bottom and bolted to the structure with 1/4" lag bolts.

HEATING DISTRIBUTION

Distribution

Defective

Current safety standards require all habitable rooms to have a separate source of heat.

KITCHEN

GFCI Protection (Checked with Test Button Only. Monthly Test Recommended.)

Defective

Sink/Faucet

Defective

Stove Top/Oven

Defective

GFCI outlet to the right of the sink not functioning properly (will not trip with an outside source). Recommend replacement. Faucet missing parts. Recommend replacement. Front of sink starting to rust. Front burners on range do not light.

HALLWAY BATHROOM

Interior Doors/Hardware

Defective

Sink/Faucet

Defective

Door is damaged. Right sink stopper is missing. Left sink stopper not functioning properly. Repairs recommended.

LEFT REAR BEDROOM

Interior Doors/Hardware

Defective

Closet

Defective

Interior door trim is missing. Closet door has been removed.

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FRONT BEDROOM

Interior Doors/Hardware	Defective
Closet	Defective

Door does not latch or lock properly. Closet doors have been removed.

MAR (MARGINAL)	The item/system was marginally acceptable. (It performed its designed function as of the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.)
DEF (DEFECTIVE)	The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

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