

08-2019-CD

Robert Griggs vs A. Keith Smith

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,  
Defendant.

CIVIL ACTION - LAW

08-2019-CD  
Number - 2008 C.D.

Type of Case: Civil Division

Type of Pleading: Complaint

Filed on behalf of: Plaintiffs

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

<sup>5</sup> FILED <sup>10:39 AM</sup>  
OCT 22 2008  
William A. Shaw  
Prothonotary/Clerk of Courts  
Att'y pd. 95.00

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
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\*  
\* Civil Action - Law  
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\*  
\* Number - 2008 C.D.

### NOTICE

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the Complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Daniel J. Nelson  
Court Administrator  
Clearfield County Court of Common Pleas  
Clearfield County Courthouse  
230 E. Market Street  
Clearfield, Pennsylvania 16830  
(814) 765-2641, Ext. 5982

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

vs.

A. KEITH SMITH, individually and  
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\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
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\* Civil Action - Law  
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\* Number - 2008 C.D.

### COMPLAINT

AND NOW, come the Plaintiffs, ROBERT M. GRIGGS and WENDY J. GRIGGS, husband and wife, by and through their attorneys, Dennison, Dennison & Harper, who file the following Complaint:

1. The Plaintiffs, Robert M. Griggs and Wendy J. Griggs, are husband and wife and are adult individuals of sui juris who reside in Treasure Lake with a mailing address of 1096 Treasure Lake, DuBois, Clearfield County, Pennsylvania 15801.

2. The Plaintiffs, Robert M. Griggs and Wendy J. Griggs, are the present owners of a residence identified as Lot 5, Section 10 of the Treasure Lake Development (hereinafter "Premises"), and said Premises are the Plaintiffs' primary residence.

3. The Defendant, A. Keith Smith, is an adult individual of sui juris who resides at R.D. 1, Box 186A, Luthersburg, Clearfield County, Pennsylvania 15848.

4. At all times material hereto, the Defendant, A. Keith Smith, was the sole owner and operator of a business known as High Top Chimney with offices located at R.D. 1, Box 186A,

Luthersburg, Clearfield County, Pennsylvania 15848.

5. At all times material hereto, the Defendant, A. Keith Smith, t/d/b/a High Top Chimney regularly conducted business in the Commonwealth of Pennsylvania and said business activities included but were not limited to performing inspections of residential fireplaces, chimneys and wood stoves and issuing reports concerning the same, and the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, held himself out as an expert in inspecting residential fireplaces, chimneys and wood stoves.

6. In and around August of 2007, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs were residing at 16 Richards Street, Brookville, Pennsylvania 15825.

7. On or about August 6, 2007, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, entered into an Agreement of Sale to purchase the Premises from Bryant McAninch and Kelly McAninch.

8. Said Agreement of Sale contained a property inspection contingency.

9. Pursuant to the property inspection contingency, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, retained a business known as Pillar to Post to perform a home inspection on the Premises.

10. The home inspection completed by Pillar to Post specially excluded any inspection of the fireplace, chimney and wood stove on the Premises, and the Pillar to Post representative specifically recommended to the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, that they secure a separate inspection of the fireplace, chimney and wood stove in the Premises prior to

purchasing the property.

11. In August of 2007, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, contacted the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, and requested that he perform an inspection of the fireplace, chimney and wood stove in the Premises and issue a report concerning the same prior to their purchase of the Premises.

12. The Defendant, A. Keith Smith, t/d/b/a High Top Chimney, agreed to perform an inspection of the fireplace, chimney and wood stove and issue a report based on the inspection.

13. On or about August 21, 2007, the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, performed an inspection of the fireplace, chimney and wood stove at the Premises.

14. On or about August 21, 2007, the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, provided a written Condition Report to the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, based on his inspection. A copy of said Condition Report is attached hereto as Exhibit "A" and made part hereof.

15. The Plaintiffs, Robert M. Griggs and Wendy J. Griggs, paid the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, his requested fee for performing the inspection and issuing the Condition Report.

16. On or about September 7, 2007, the Plaintiffs purchased the Premises.

17. In and around October and/or November of 2007, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, intended to use the fireplace in the Premises and they hired Reed's Chimney & Aire Duct Cleaning to clean the chimney flues prior to using the fireplace.

18. On or about November 5, 2007, the Plaintiffs learned that the fireplace and chimney should not be used inasmuch as the smoke chamber in the same had several cracks and/or holes which made the fireplace and chimney unsafe for operation.

19. The Plaintiffs, Robert M. Griggs and Wendy J. Griggs, have been unable to use the fireplace since their purchase of the Premises due to the condition of the smoke chamber.

### **COUNT I - BREACH OF CONTRACT**

20. The averments of Paragraphs 1 through 19 of this Complaint are incorporated herein by reference thereto.

21. At all times material hereto, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, had an oral contract whereby the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, agreed to properly and in a good and workmanlike manner and consistent with industry standards inspect the fireplace, chimney and wood stove in the Premises and identify any unsatisfactory, dangerous or deficient conditions of the same and to issue a report based on the inspection (hereinafter "Contract").

22. The Defendant, A. Keith Smith, t/d/b/a High Top Chimney, breached the Contract in the following respects:

- (a) failing to perform a proper and complete inspection of the fireplace and chimney;
- (b) failing to properly identify, notice or discover the cracks and/or holes in the smoke chamber which should have been visible upon a proper

inspection;

- (c) failing to properly identify, notice or discover the dangerous condition of the fireplace caused by the cracks and/or holes in the smoke chamber;
- (d) failing to properly record on the Condition Report the cracks and/or holes in the smoke chamber;
- (e) improperly identifying on the Condition Report that the smoke chamber was "Satisfactory";
- (f) failing to notify or otherwise make the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, aware of the cracks and/or holes in the smoke chamber;
- (g) failing to notify or otherwise make the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, aware of the dangerous condition of the fireplace and chimney caused by the cracks and/or holes in the smoke chamber;
- (h) failing to complete the inspection of the fireplace and chimney in a good and workmanlike manner and otherwise without the skill and expertise in such matters which the Defendant held himself out as possessing;
- (i) failing to complete the inspection of the fireplace and chimney in accordance with the industry standards; and
- (j) failing to use appropriate skill and expertise to perform the inspection and prepare the Condition Report.



23. As a result of the Defendant, A. Keith Smith, t/d/b/a High Top Chimney's, breach of the Contract, the Plaintiffs were unaware of the dangerous condition of the fireplace and chimney caused by the cracks and/or holes in the smoke chamber, and they completed the purchase of the Premises without such knowledge.

24. To their great detriment, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, justifiably relied on the inspection and Condition Report performed and prepared by the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, in making their decision to purchase the Premises.

25. As a result of the Defendant, A. Keith Smith, t/d/b/a High Top Chimney's, breach of the Contract, the Plaintiffs are going to incur expenses related to the repair of the fireplace and chimney, and the costs of said repairs is Ten Thousand Two Hundred and 00/100 Dollars (\$10,200.00).

26. The Defendant, A. Keith Smith, t/d/b/a High Top Chimney, has failed to make payment for the aforesaid expenses despite repeated demands for the same.

27. The Plaintiffs, Robert M. Griggs and Wendy J. Griggs, fulfilled all of their obligations under the Contract.

**WHEREFORE**, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, demand judgment against the Defendant, A. Keith Smith, individually and t/d/b/a High Top Chimney, in the amount of Ten Thousand Two Hundred and 00/100 Dollars (\$10,200.00) plus interest, costs and such other damages as the Court deems appropriate.

## **COUNT II - NEGLIGENCE**

28. The averments of Paragraphs 1 through 27 of this Complaint are incorporated herein by referenced thereto.

29. At all times material hereto, the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, was negligent and careless in performing the inspection and in issuing the Condition Report in the following particulars:

- (a) he failed to perform a proper and complete inspection of the fireplace and chimney;
- (b) he failed to properly identify, notice or discover the cracks and/or holes in the smoke chamber which should have been visible upon a proper inspection;
- (c) he failed to properly identify, notice or discover the dangerous condition of the fireplace caused by the cracks and/or holes in the smoke chamber;
- (d) he failed to properly record on the Condition Report the cracks and/or holes in the smoke chamber;
- (e) he improperly identified on the Condition Report that the smoke chamber was "Satisfactory";
- (f) he failed to notify or otherwise make the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, aware of the cracks and/or holes in the smoke chamber;
- (g) he failed to notify or otherwise make the Plaintiffs, Robert M. Griggs and

Wendy J. Griggs, aware of the dangerous condition of the fireplace and chimney caused by the cracks and/or holes in the smoke chamber;

- (h) he failed to complete the inspection of the fireplace and chimney in a good and workmanlike manner and otherwise without the skill and expertise in such matters which the Defendant held himself out as possessing;
- (i) he failed to complete the inspection of the fireplace and chimney in accordance with the industry standards; and
- (j) he failed to use appropriate skill and expertise to perform the inspection and prepare the Condition Report.

30. As a result of the Defendant, A. Keith Smith, t/d/b/a High Top Chimney's, aforementioned negligence and carelessness, the Plaintiffs were unaware of the dangerous condition of the fireplace and chimney caused by the cracks and/or holes in the smoke chamber, and they completed the purchase of the Premises without such knowledge.

31. To their great detriment, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, justifiably relied on the inspection and Condition Report performed and prepared by the Defendant, A. Keith Smith, t/d/b/a High Top Chimney, in making their decision to purchase the Premises.

32. As a result of the Defendant, A. Keith Smith, t/d/b/a High Top Chimney's, negligence and carelessness, the Plaintiffs are going to incur expenses related to the repair of the fireplace and chimney, and the costs of said repairs is Ten Thousand Two Hundred and 00/100

Dollars (\$10,200.00).

33. The Defendant, A. Keith Smith, t/d/ab/a High Top Chimney, has failed to make payment for the aforesaid expenses despite repeated demands for the same.

**WHEREFORE**, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, demand judgment against the Defendant, A. Keith Smith, individually and t/d/b/a High Top Chimney, in the amount of Ten Thousand Two Hundred and 00/100 Dollars (\$10,200.00) plus interest, costs and such other damages as the Court deems appropriate.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Plaintiffs



## VERIFICATION

We verify that the averments made in the foregoing Complaint are true and correct to the best of our knowledge, information and belief. We understand that false statements herein made are subject to the penalties of 18 Pa.C.S.A. Section 4904, relating to unsworn falsification to authorities.

  
Robert M. Griggs

  
Wendy J. Griggs

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

NO: 08-2019-CD

ROBERT M. GRIGGS and WENDY J. GRIGGS, husband and wife

vs

SERVICE # 1 OF 1

A. KEITH SMITH, individually and t/d/b/a HIGH TOP CHIMNEY  
COMPLAINT

SERVE BY: 11/21/2008

HEARING:

PAGE: 104817

DEFENDANT: A. KEITH SMITH ind & t/d/b/a HIGH TOP CHIMNEY

ADDRESS: 819 LUTHERSBURG ROCKTON ROAD

LUTHERSBURG, PA 15848

ALTERNATE ADDRESS

SERVE AND LEAVE WITH: DEFENDANT/PIC

CIRCLE IF THIS HIGHLIGHTED ADDRESS IS:

VACANT

OCCUPIED

ATTEMPTS

11-18-08-N/H  
11:32 AM Left message

11-19-08 N/A

**SHERIFF'S RETURN**

NOW, 11/21/08 AT 9:39 AM PM SERVED THE WITHIN

COMPLAINT ON A. KEITH SMITH ind & t/d/b/a HIGH TOP CHIMNEY, DEFENDANT

BY HANDING TO Sherri Smith, wife

A TRUE AND ATTESTED COPY OF THE ORIGINAL DOCUMENT AND MADE KNOW TO HIM / HER THE CONTENTS THEREOF.

ADDRESS SERVED 819 Luthersburg Rockton Road Luthersburg Pa 15848

NOW \_\_\_\_\_ AT \_\_\_\_\_ AM / PM POSTED THE WITHIN

COMPLAINT FOR A. KEITH SMITH ind & t/d/b/a HIGH TOP CHIMNEY

AT (ADDRESS) \_\_\_\_\_

NOW \_\_\_\_\_ AT \_\_\_\_\_ AM / PM AFTER DILIGENT SEARCH IN MY BAILIWICK,

I MAKE RETURN OF **NOT FOUND** AS TO A. KEITH SMITH ind & t/d/b/a HIGH TOP CHIMNEY

REASON UNABLE TO LOCATE \_\_\_\_\_

SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_ 2008

So Answers: CHESTER A. HAWKINS, SHERIFF

BY:

Jerome M. Nerling  
Deputy Signature

Jerome M. Nerling  
Print Deputy Name

5  
**FILED**  
233667  
NOV 21 2008  
William A. Shaw  
Prothonotary/Clerk of Courts

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

FILED

DEC 09 2008

5 m/12:30/ W  
William A. Shaw  
Prothonotary/Clerk of Courts  
2 sent to Amy

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

Vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,

Defendant  
Courtesy

Party:

CIVIL ACTION – LAW

No. 08-2019-C.D.

Type of Case: Civil Division

Type of Pleadings: Answer to  
Complaint and New Matter

Filed on behalf of: Defendant  
Counsel of Record for this

Jay P. Lundy, Esquire  
Supreme Court ID #: 94648  
LUKEHART & LUNDY  
219 East Union Street  
PO Box 74  
Punxsutawney, PA 15767  
(814) 938-8110



COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

Vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,

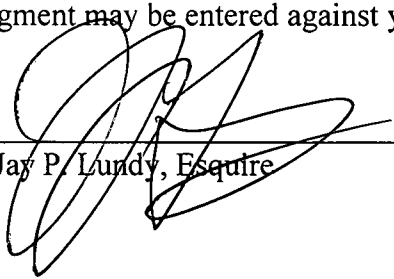
Defendant

No. 08-2019-C.D.

**NOTICE TO PLEAD**

To the Plaintiff:

You are hereby notified to file a written response to the enclosed New Matter within  
twenty (20) days from service hereof or a judgment may be entered against you.

  
\_\_\_\_\_  
Jay P. Lundy, Esquire

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

Vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,

Defendant

No. 08-2019-C.D.

**ANSWER TO COMPLAINT**

AND NOW COMES, the Defendant, Keith A. Smith, individually and t/d/b/a High Top Chimney, by and through their attorney, Jay P. Lundy, Esquire, and files the following Answer to Complaint:

1. Admitted.
2. Admitted.
3. Admitted. In further response, the 911 address is 819 Luthersburg-Rockton Road, Luthersburg, Pennsylvania 15848.
4. Admitted. See Answer to number 3 for proper address.
5. Denied. Labeling Defendant as an expert is a conclusion of law for which no response is necessary. Furthermore, Defendant is knowledgeable to inspect residential fireplaces, chimneys and wood stoves.
6. Admitted.
7. Denied. After reasonable investigation, the Defendant is without sufficient knowledge or information to determine the truth or falsity of the averred statement. Strict proof of same is demanded at trial.

8. Denied. After reasonable investigation, the Defendant is without sufficient knowledge or information to determine the truth or falsity of the averred statement. Strict proof of same is demanded at trial.

9. Denied. After reasonable investigation, the Defendant is without sufficient knowledge or information to determine the truth or falsity of the averred statement. Strict proof of same is demanded at trial.

10. Denied. After reasonable investigation, the Defendant is without sufficient knowledge or information to determine the truth or falsity of the averred statement. Strict proof of same is demanded at trial.

11. Admitted. In further response, inspection of the fireplace was visual, inspection of the chimney was visual, and inspection of the wood stove was visual.

12. Admitted. In further response, inspection of the fireplace, chimney, and wood stove was visual.

13. Admitted. In further response, said inspection of the fireplace, chimney, and wood stove was visual.

14. Admitted.

15. Admitted.

16. Denied. After reasonable investigation, the Defendant is without sufficient knowledge or information to determine the truth or falsity of the averred statement. Strict proof of same is demanded at trial.

17. Denied. After reasonable investigation, the Defendant is without sufficient knowledge or information as to form an opinion as to the truth or falsity of the averred statement, as such strict proof of same is demanded at trial. In further response, Defendant is aware that

Reed's Chimney and Air Duct Cleaning performed an inspection of the fireplace on November 5, 2007. See Exhibit A.

18. Denied if same is in reference to the Reed's Chimney and Air Duct Cleaning inspection report of November 5, 2007, which does not state that the fireplace and chimney should not be used, nor does it state that the fireplace and chimney are unsafe for operation. See Exhibit A.

19. Denied. After reasonable investigation, the Defendant is without sufficient knowledge or information so as to form an opinion as to the truth or falsity of the averred statement, as such strict proof of same is demanded at trial.

#### **COUNT I: BREACH OF CONTRACT**

20. No response is necessary.

21. Admitted. However, said inspection is visual only as stated at the bottom left corner of Exhibit B.

22a. Denied. Defendant did perform a proper and complete visual inspection of the fireplace and chimney as called for in the Condition Report.

22b. Denied. Based upon the visual inspection and the denial of the Plaintiff's granting the Defendant the right to clean the chimney, the discovery of cracks and/or holes in the smoke chamber would not be detectable.

22c. Denied. Notice or discovery of any dangerous condition or cracks and/or holes in the smoke chamber would not be identifiable based upon a visual inspection.

22d. Denied. The condition report was filled out properly based upon a visual inspection.

22e. Denied. Based upon a visual inspection, the smoke chamber was satisfactory at the time of Defendant's visual inspection.

22f. Denied. Defendant did not notify the Plaintiffs because he is unaware of cracks and/or holes in the smoke chamber because same would not be discernable in a visual inspection.

22g. Denied. Defendant is unaware of the dangerous condition of the smoke chamber because same would not be discernable in a visual inspection.

22h. Denied. Defendant did perform a visual inspection based upon good and workman like manner with sufficient knowledge and skill.

22i. Denied. Defendant properly inspected the fireplace and chimney per the terms of the contract, and what would be proper for an inspection which was visual in nature. Reference to industry standards is undefined and incapable of answer.

22j. Denied. Defendant did use appropriate skill to perform a visual inspection per the terms of the contract.

23. Denied. It is denied that there was a breach of the contract. After reasonable investigation the Defendant is without sufficient knowledge or information so as to form a belief of the truth or falsity of the averment and claim the fireplace and chimney were in a dangerous condition caused by cracks and/or holes in the smoke chamber, as set forth further in Defendant's New Matter, and after reasonable investigation the Defendant is without sufficient knowledge or information so as to form a belief to the truth or falsity of the averment that the Plaintiff was unaware of the alleged conditions and completed the purchase and thus same are denied.

24. Denied. It is denied that Plaintiffs suffered a "great detriment". After reasonable investigation, the Defendant is without sufficient knowledge so as to form an opinion as to the

truth or falsity as to what Plaintiffs relied upon in making their decision to purchase the premise.

As such, strict proof of same is demanded at trial.

25. Denied. It is denied there was breach of contract and therefore denied Plaintiffs are going to incur any costs.

26. Admitted. In further response, no payment is due from Defendant.

27. Admitted.

## **COUNT II - NEGLIGENCE**

28. No response is necessary.

29a. Denied. Defendant did perform a proper and complete visual inspection of the fireplace and chimney as called for in the Condition Report.

29b. Denied. Based upon the visual inspection and the denial of the Plaintiff's granting the Defendant the right to clean the chimney, the discovery of cracks and/or holes in the smoke chamber would not detectable.

29c. Denied. Notice or discovery of any dangerous condition or cracks and/or holes in the smoke chamber would not be identifiable based upon a visual inspection.

29d. Denied. The condition report was filled out properly based upon a visual inspection.

29e. Denied. Based upon a visual inspection, the smoke chamber was satisfactory at the time of Defendant's visual inspection.

29f. Denied. Defendant did not notify the Plaintiffs because he is unaware of cracks and/or holes in the smoke chamber because same would not discernable in a visual inspection.

29g. Denied. Defendant is unaware of the dangerous condition of the smoke chamber because same would not discernable in a visual inspection.

29h. Denied. Defendant did perform a visual inspection based upon good and workman like manner with sufficient knowledge and skill.

29i. Denied. Defendant properly inspected the fireplace and chimney per the terms of the contract, and what would be proper for an inspection which was visual in nature. Reference to industry standards is undefined and incapable of answer.

29j. Denied. Defendant did use appropriate skill to perform a visual inspection per the terms of the contract.

30. Denied. It is denied that Defendant acted in negligent and careless manner. After reasonable investigation the Defendant is without sufficient knowledge or information so as to form a belief of the truth or falsity of the averment and claim the fireplace and chimney were in a dangerous condition caused by cracks and/or holes in the smoke chamber, as set forth further in Defendant's New Matter, and after reasonable investigation the Defendant is without sufficient knowledge or information so as to form a belief to the truth or falsity of the averment that the Plaintiff was unaware of the alleged conditions and completed the purchase and thus same are denied.

31. Denied. It is denied that Plaintiffs suffered a "great detriment". After reasonable investigation, the Defendant is without sufficient knowledge so as to form an opinion as to the truth or falsity as to what Plaintiffs relied upon in making their decision to purchase the premise. As such, strict proof of same is demanded at trial.

32. Denied. It is denied that Defendant acted in a negligent and careless manner and therefore denied Plaintiffs are going to incur any costs.

33. Admitted. In further response, no payment is due from Defendant.

WHEREFORE, the Defendant, Keith A. Smith, and t/d/b/a High Top Chimney, respectfully requests that the above Complaint be dismissed.

**NEW MATTER**

34. Plaintiffs were informed by the Defendant in the Comments Section of the Report that "Both flues should be cleaned before use". See Exhibit A.

35. Plaintiffs were informed by the Condition Report at the lower left corner that said inspection was visual only and "not as certification of the fire worthiness or safety".

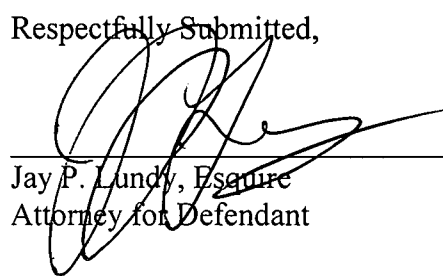
36. Upon inquire by Defendant, he was denied the opportunity by the Plaintiffs to clean the fireplace and chimney and smoke chamber.

37. At no time did the Plaintiffs advise that it was their intention to rely upon the inspection provided by Defendant for the purchase of the property, nor was that the understanding of the parties based upon the mutually agreed upon limited nature of the inspection.

38. Plaintiffs failed to acknowledge their understanding of which area of the chimney system appeared to be satisfactory and which are not satisfactory by not executing the "Customer Verification" section of the report.

Wherefore, the Defendant, A. Keith Smith, individually and t/d/b/a High Top Chimney, respectfully request judgment in his favor, thereby dismissing the complaint.

Respectfully Submitted,



---

Jay P. Lundy, Esquire  
Attorney for Defendant



### Verification

I verify that the statements made in this Answer to Complaint and New Matter are true and correct. I understand that false statements herein are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to the authorities.

A handwritten signature in cursive script, appearing to read "A. Keith Smith", written over a horizontal line.

A. Keith Smith

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 104817  
NO: 08-2019-CD  
SERVICES 1  
COMPLAINT

PLAINTIFF: ROBERT M. GRIGGS and WENDY J. GRIGGS, husband and wife  
vs.

DEFENDANT: A. KEITH SMITH, individually and t/d/b/a HIGH TOP CHIMNEY

SHERIFF RETURN

RETURN COSTS

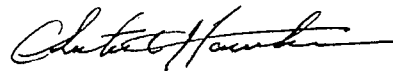
Description	Paid By	CHECK #	AMOUNT
SURCHARGE	DENNISON	047147	10.00
SHERIFF HAWKINS	DENNISON	047146	78.09
SHERIFF HAWKINS	DENNISON	047184	

5  
**FILED**  
0135261  
FEB 10 2009  
William A. Shaw  
Prothonotary/Clerk of Courts

Sworn to Before Me This

\_\_\_\_\_ Day of \_\_\_\_\_ 2008

So Answers,



Chester A. Hawkins  
Sheriff

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

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A. KEITH SMITH, individually and  
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Defendant.

CIVIL ACTION - LAW

Number 2019 - 2008 C.D.

Type of Case: Civil Division

Type of Pleading: Reply to New Matter

Filed on behalf of: Plaintiffs

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

FILED  
09:03:01  
MAR 02 2009  
cc  
(60)

5  
William A. Shaw  
Prothonotary/Clerk of Courts

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,  
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\* Civil Action - Law  
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\*  
\* Number 2019 - 2008 C.D.

### **REPLY TO NEW MATTER**

AND NOW, come the Plaintiffs, ROBERT M. GRIGGS and WENDY J. GRIGGS,  
husband and wife, by and through their attorneys, Dennison, Dennison & Harper, who file the  
following Reply to New Matter:

34. The averments of Paragraph 34 of the New Matter are admitted insofar as the words  
“Both flues should be cleaned before use.” is contained within the “Comments” Section of the  
Report issued by the Defendant, but it is denied that this represents the only language contained  
in the “Comments” section, and said section speaks for itself. It is denied that the Defendant ever  
requested that the flues be cleaned as part of the inspection process before issuing his Report. It  
is also denied that the flues needed to be cleaned to identify the cracks and holes in the smoke  
chamber as set forth in the Plaintiffs’ Complaint. Such holes and cracks in the smoke chamber  
were apparent by visual inspection to those individuals holding themselves out as experienced  
fireplace and chimney inspectors, such as the Defendant, prior to any cleaning of the fireplace,  
smoke chamber, flue or otherwise. By way of further response, the averments of the Plaintiffs’

Complaint are incorporated herein by reference thereto.

35. The averments of Paragraph 35 of the New Matter are admitted only insofar as there is a preprinted form "Note" on the Report prepared by the Defendant. By way of further response, Paragraph 35 of the Defendant's New Matter fails to set forth the complete provision of the "Note", and the same speaks for itself. Moreover, it is clear that said "Note" was intended to address latent construction defects. In addition, the Plaintiffs specifically contracted with the Defendant for the Defendant to perform an inspection of the fireplace, chimney and wood stove for safety and operational worthiness purposes. The Defendant was fully aware at the time he performed the inspection and issued the Report that his inspection was going to be relied upon by the Plaintiffs in evaluating their decision to complete the purchase of the residence wherein those items were located. The averments of the Plaintiffs' Complaint are also incorporated herein in response.

36. Denied. On the contrary, the Plaintiffs specifically contracted with the Defendant for the Defendant to perform an inspection of the fireplace, chimney and wood stove for safety and operational worthiness purposes. The Defendant was fully aware at the time he performed the inspection and issued the Report that his inspection was going to be relied upon by the Plaintiffs in evaluating their decision to complete the purchase of the residence wherein those items were located. Moreover, at no time did the Defendant inform the Plaintiffs that he needed to clean the fireplace, flue, chimney or smoke chamber in order to complete an inspection of the same and to issue his Report. Further, based on the Report the Defendant issued to the Plaintiffs wherein he

recommended that flues be cleaned before use of the fireplace, the Plaintiffs sought a quote from the Defendant for providing such a cleaning as well as other repairs recommended in the Report, and said Defendant provided a bid to the Plaintiffs for the same. The averments of the Plaintiffs' Complaint are also incorporated herein in response.

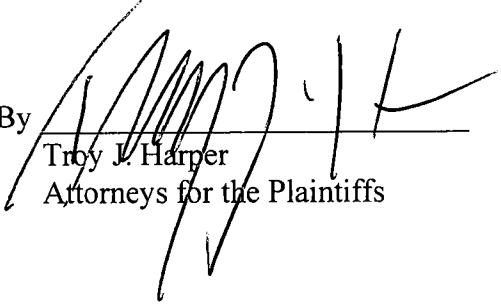
37. Denied. At all times material hereto, the Defendant was aware the Plaintiffs were considering purchasing the residence in which the fireplace was located, and he was fully aware that he had been retained to perform an inspection of the fireplace, chimney and wood stove as part of the Plaintiffs' home inspection process prior to purchasing the home and knowing the Plaintiffs were going to rely on the Defendant's inspection and Report. The averments of the Plaintiffs' Complaint are also incorporated herein in response.

38. The averments of Paragraph 38 of the Defendant's New Matter are admitted only insofar as the Plaintiffs did not sign the "Customer Verification" section of the Report. It is denied that the Plaintiffs did not understand which areas of the chimney system appeared to be satisfactory and which were unsatisfactory based on the Defendant's Report. On the contrary, the Defendant's Report sets forth various items which were noted as satisfactory and certain items which were noted as unsatisfactory upon which the Plaintiffs relied. Moreover, the Defendant delivered the Report to the Plaintiffs, and the Plaintiffs paid for the same. By way of further response, the other averments of this Reply and the averments of the Plaintiffs' Complaint are incorporated herein in response thereto.

**WHEREFORE**, the Plaintiffs, Robert M. Griggs and Wendy J. Griggs, demand judgment against the Defendant, A. Keith Smith, individually and t/d/b/a High Top Chimney, in the amount of Ten Thousand Two Hundred and 00/100 Dollars (\$10,200.00) plus interest, costs and such other damages as the Court deems appropriate.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper  
Attorneys for the Plaintiffs

### VERIFICATION

We verify that the averments made in the foregoing Reply to New Matter are true and correct to the best of our knowledge, information and belief. We understand that false statements herein made are subject to the penalties of 18 Pa.C.S.A. Section 4904, relating to: unsworn falsification to authorities.

  
Robert M. Griggs

  
Wendy J. Griggs



### CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Reply to New Matter was served on the 26<sup>th</sup> day of February, 2009, by United States Mail, First Class, Postage Prepaid, addressed to the following:

Jay P. Lundy, Esq.  
Lukehart & Lundy  
219 East Union Street  
P.O. Box 74  
Punxsutawney, Pennsylvania 15767

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Plaintiffs

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS,

Plaintiffs,

vs.

A. KEITH SMITH, individually  
and t/d/b/a HIGH TOP CHIMNEY,  
Defendant.

CIVIL ACTION - LAW

Number 2019 - 2008 C. D.

Type of Case: Civil Division

Type of Pleading: Certificate  
of Readiness

Filed on Behalf: Plaintiffs

Counsel of Record for this Party:  
Troy J. Harper

Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

FILED

APR 29 2009

William A. Shaw  
Prothonotary/Clerk of Courts

Att'y pd.  
20.00

NOC

64

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY  
CIVIL TRIAL LISTING

CERTIFICATE OF READINESS		TO THE PROTHONOTARY
<u>To be executed by Trial Counsel Only</u>		
Case Number 2019-2008 C.D.	Type Trial Requested	Estimate Trial Time
Date Complaint Filed:	( ) Jury ( ) Non-jury (X) Arbitration	<u>1/2</u> day

Plaintiff(s):

Robert M. Griggs and Wendy J. Griggs  
\_\_\_\_\_ ( )

Defendant(s):

A. Keith Smith, individually and t/d/b/a High  
Top Chimney ( ) Check block  
if a minor  
is a party  
to the case

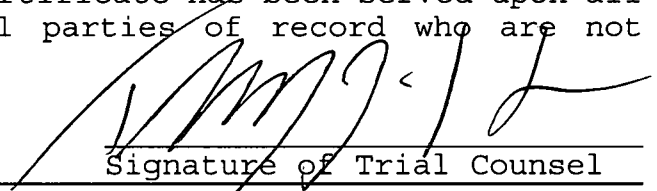
Additional Defendant(s)

N/A  
\_\_\_\_\_ ( )

Jury Demand Filed By: N/A	Date Jury Demand Filed: N/A
Amount at Issue    Consolidation	Date Consolidation Ordered
<u>\$10,200.00+</u> ( ) Yes (X) No	N/A

PLEASE PLACE THE ABOVE CAPTIONED CASE ON THE TRIAL LIST.

I certify that all discovery in the case has been completed; all necessary parties and witnesses are available; serious settlement negotiations have been conducted; the case is ready in all respects for trial, and a copy of this Certificate has been served upon all counsel of record and upon all parties of record who are not represented by counsel.

  
\_\_\_\_\_  
Signature of Trial Counsel

COUNSEL WHO WILL ACTUALLY TRY CASE

For the Plaintiff(s): <u>Troy J. Harper</u>	Telephone Number (814) 849-8316
For the Defendant(s): <u>Jay P. Lundy</u>	Telephone Number (814) 938-8110
For the Additional Defendant(s): N/A	Telephone Number

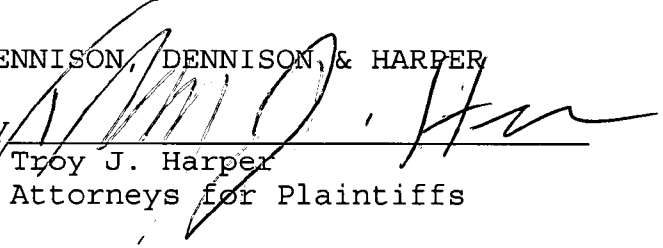
CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Appearance was served on the 28<sup>th</sup> day of April, 2009, by United States Mail, First Class, postage prepared, addressed to the following:

Jay P. Lundy, Esq.  
Lukehart & Lundy  
219 East Union Street  
P. O. Box 74  
Punxsutawney, PA 15767

DENNISON, DENNISON, & HARPER

By

  
Troy J. Harper

Attorneys for Plaintiffs

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

Vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,

Defendant

CIVIL ACTION – LAW

No. 08-2019-CD

Type of Case: Civil Division

Type of Pleadings: Objection to  
Certificate of Readiness

Filed on behalf of: Defendant  
Counsel of Record for this Party:  
Jay P. Lundy, Esquire  
Supreme Court ID #: 94648  
LUKEHART & LUNDY  
219 East Union Street  
PO Box 74  
Punxsutawney, PA 15767  
(814) 938-8110

FILED *ACC*

*01/1/2009*  
MAY 21 2009

*Atty Lundy*

William A. Shaw  
Prothonotary/Clerk of Courts

(610)

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

Vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,

Defendant

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No.

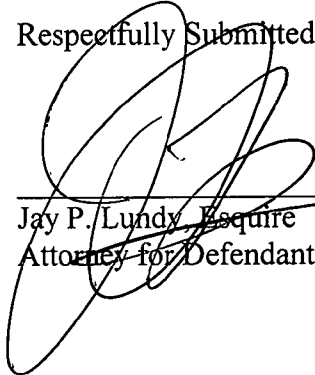
**OBJECTION TO CERTIFICATE OF READINESS**

AND NOW COMES, the Defendant, A. Keith Smith, individually and t/d/b/a High Top Chimney, by and through their attorney, Jay P. Lundy, Esquire, and sets for the following Objection:

1. The Plaintiff filed a Certificate of Readiness in the above captioned matter for Arbitration indicating that all discovery had been completed.
2. Although there has been some exchange of materials, discovery is not completed.
3. The Defendant will be forwarding onto the Plaintiff a set of Interrogatories and Request for Production of Documents in the immediate future, as such, Defendant is not prepared for Arbitration.

WHEREFORE, the Defendant, Keith A. Smith, and t/d/b/a High Top Chimney, respectfully requests that the Arbitration in the above captioned matter not be set until discovery is completed.

Respectfully Submitted,

  
Jay P. Lundy, Esquire  
Attorney for Defendant

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

Vs.

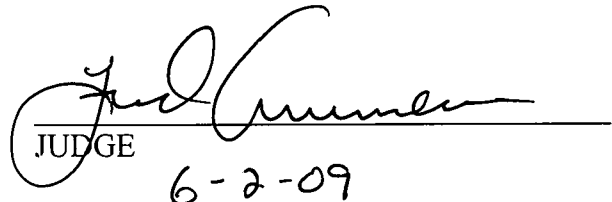
A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,

Defendant

No. 08-2019-CD

**ORDER**

Following an Objection to Certificate of Readiness filed by the Defendant, IT IS  
HEREBY ORDERED AND DECREED, that a Rule to Show Cause as to why the Defendant's  
Objection should be sustained shall be held on the 2<sup>nd</sup> day of July 3:00 p.m.  
2009, in the # 1 Courtroom, Clearfield County, Pennsylvania.

  
JUDGE  
6-2-09

FILED

JUN 05 2009

William A. Shaw  
Prothonotary/Clerk of Courts

LA

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

Vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,

Defendant

No. 08-2019-CD

**FILED**

JUL 01 2009

6/12:30 PM

William A. Shaw

Prothonotary/Clerk of Courts

Came to court  
↓  
HARRIS

**STIPULATED ORDER**

AND NOW, this 1 day of July, 2009, the Defendant

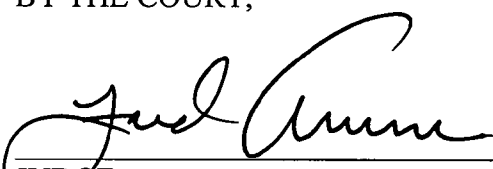
having filed an Objection to the Plaintiff's Certificate of Readiness for Arbitration and a Rule to Show Cause having been issued for July 2, 2009, at 3:00 p.m., on the same, and the Court having been informed that the parties have reached a stipulation concerning the Objection to Certificate of Readiness for Arbitration and upon consent of said parties, this Honorable Court enters the following Order:

IT IS HEREBY ORDERED that:

- (1) the Objection to Certificate of Readiness is withdrawn;
- (2) the parties shall complete prearbitration discovery on or before September 15, 2009;
- (3) the Court Administrator shall schedule this matter for an Arbitration Hearing to be conducted on a date after September 15, 2009;
- (4) the parties reserve the right to conduct additional discovery after September 15, 2009, so long as the same does not delay any scheduled Arbitration Hearing.

BY THE COURT,

**ORIGINAL**

  
JUDGE



**FILED**

SEP 22 2009

m/9:30/W

William A. Shaw  
Prothonotary/Clerk of Courts

no c/c

(610)

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY  
J. GRIGGS,

Plaintiffs,

vs.

A. KEITH SMITH t/d/b/a HIGH TOP  
CHIMNEY,

Defendant.

CIVIL ACTION - LAW

Number 2019 - 2008, C. D.

Type of Case: Civil Division

Type of Pleading: Certificate of Service

Filed on Behalf of: Plaintiffs

Counsel of Record for this Party:  
Troy J. Harper

Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

ROBERT M. GRIGGS and WENDY J.  
GRIGGS,  
Plaintiffs,

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\* Civil Action - Law  
\*  
\*  
\*  
\*  
\*  
\* Number 2019 - 2008 C. D.

### CERTIFICATE OF SERVICE

I hereby certify that an original and one copy of Answers and Objections to Defendant's First Set of Interrogatories and Request for Production of Documents and an original and one copy of Answers and Objections to Defendant's Second Set of Interrogatories and Request for Production of Documents in the above matter were served on the Defendant, A. Keith Smith, individually and t/d/b/a High Top Chimney, on the 21<sup>st</sup> day of September, 2009, by United States Mail, First Class, postage prepaid, addressed to his attorney, Jay p. Lundy, Esq., Lukehart & Lundy, 219 East Union Street, P. O. Box 74, Punxsutawney, PA 15767.

DENNISON, DENNISON & HARPER

By

Troy J. Harper

Attorneys for Plaintiffs

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,

Defendant.

CIVIL ACTION - LAW

Number 2019 - 2008 C.D.

Type of Case: Civil Division

Type of Pleading: Notice of Intent to  
Introduce Documents Pursuant  
to Pa.R.C.P. 1305 and 46 J.D.R.C.P. 1306

Filed on behalf of: Plaintiffs

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

FILED  
m/12-12um  
DEC 09 2009

NOCC.

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William A. Shaw  
Prothonotary/Clerk of Courts

ROBERT M. GRIGGS and WENDY J.  
GRIGGS, husband and wife,

Plaintiffs,

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
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\* Civil Action - Law  
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\*  
\* Number 2019 - 2008 C.D.

**NOTICE OF INTENT TO INTRODUCE DOCUMENTS PURSUANT TO  
PA.R.C.P. 1305 and 46 J.D.R.C.P. 1306**

TO: A. Keith Smith, individually and t/d/b/a High Top Chimney  
Jay P. Lundy, Esq.  
Lukehart & Lundy  
219 East Union Street  
P.O. Box 74  
Punxsutawney, Pennsylvania 15767

AND NOW, come the Plaintiffs, ROBERT M. GRIGGS and WENDY J. GRIGGS, by  
their attorneys, Dennison, Dennison & Harper, who give notice to the Defendant of their intent to  
introduce the following documents, copies of which are attached hereto, into evidence pursuant  
to Pa.R.C.P. 1305 of the Pennsylvania Rules of Civil Procedure and 46 J.D.R.C.P. 1306:

1. Proposal of Bowman Masonry dated April 29, 2009
2. Proposal of Bowman Masonry dated November 16, 2007
3. Invoice and Report of Reed's Chimney & Aire Duct Cleaning  
dated November 5, 2007

# PROPOSAL

## BOWMAN MASONRY

1993 Turnpike Ave. Ext  
Clearfield, Pa. 16830  
814-765-6095 fax 814-765-6691

Proposal No.

Sheet No.

Date April 29 2009

Proposal Submitted To

Work To Be Performed At

Name Robert Griggs  
Street 1096 TREASURE LAKE  
City DuBois  
State PA. 15801  
Telephone Number (814) 371-0304

Street \_\_\_\_\_  
City DuBois State Pa.  
Date of Plans \_\_\_\_\_  
Architect \_\_\_\_\_

We hereby propose to furnish the materials and perform the labor necessary for the completion of

Scope A - Removing All of the exterior bricks down to the wood deck & haul away.  
Lay up new bricks to match the original ones, approx 15' high.  
Corble the bricks at the top and put the existing rain caps back on.

\$ 8,200.

Scope B - Remove All of the masonry down to the wood deck level and haul away.  
This means All brick, block, and Flue liners.  
Rebuild everything with all new blocks, bricks and Flue liners approx 15' high.  
Corble the bricks at the top and put the existing rain caps back on.

\$ 10,700.00

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_).

with payments to be made as follows:

Half of the total amount before we begin  
And the balance in full upon completion.

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by

Respectfully submitted

Bryan Bowman  
Per Bowman Masonry

Note - This proposal may be withdrawn by us if not accepted within 90 days

Bowman Masonry

### ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

PROPOSAL

**BOWMAN MASONRY**

1993 Turnpike Ave. Ext

Clearfield, Pa. 16830

814-765-6095 fax 814-765-6691

Proposal No.

Sheet No.

Date Nov. 16, 2007

Proposal Submitted To

Work To Be Performed At

Name Robert Griggs  
Street 1096 TREASURE LAKE  
City DuBois  
State PA. 15801  
Telephone Number (814) 371-0304

Street \_\_\_\_\_  
City DuBois State PA.  
Date of Plans \_\_\_\_\_  
Architect \_\_\_\_\_

We hereby propose to furnish the materials and perform the labor necessary for the completion of

Scope A - Removing all of the exterior bricks down to the wood deck and haul away.  
Lay up new bricks to match the original ones, approx 15' high.  
Corble the bricks at the top and put the existing rain caps back on.

\$ 7800.

Scope B - Remove all of the masonry down to the wood deck level and haul away.  
This means all brick, block, and flue liners.  
Rebuild everything with all new blocks, bricks and flue liners approx 15' high.  
Corble the bricks at the top and put the existing rain caps back on.

\$ 10,200.00

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of Dollars (\$ \_\_\_\_\_).

with payments to be made as follows:

HALF OF THE TOTAL AMOUNT BEFORE WE BEGIN  
AND THE BALANCE IN FULL UPON COMPLETION.

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by

Respectfully submitted

Cary Bowman  
Per Bowman Masonry

Note - This proposal may be withdrawn by us if not accepted within 90 days

Bowman Masonry

**ACCEPTANCE OF PROPOSAL**

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

814-849-5830



CERTIFIED

INSURED

RELIABLE

# Reed's Chimney & Aire Duct Cleaning

(Relining and Accessories - Dryer Vent Cleaning)

910 Snyder Road

Brookville, PA 15825

Annual Cleaning Saves Lives and Money

Date 11-5-07Name Robert GriggsAddress 1096 T.L.City DuBois, Pa 15801Phone 371-0304

Bill

Complete Duct Cleaning		
Sanitize & Deodorize Duct System		
Clothes Dryer Vents		
Other Services		
Chimney Cleaning		
Inspections <u>1- FP Inspection</u>	55	00
<u>SMOKE <del>SAFE</del> CHAMBER ON RIGHT &amp;</u>		
<u>LEFT BACK are CRACKED &amp; HAS</u>		
<u>HOLES IN</u>		
<u><del>POOR</del></u>		

Thank you  
B. Griggs

I understand that Reed's Chimney & Aire Duct Cleaning  
will not be liable for damages caused by deficiencies or hazards  
as stated above.

TAX

3 30

TOTAL

58 30

Signature

God Bless America!

Customer Bob Griggs  
Address 1096 T.L.  
City DuBois State Pa Zip 15801  
Phone 814-371-0304  
Date \_\_\_\_\_ Time \_\_\_\_\_

- Type of Fireplace: ☐ Pre-fab ☒ Masonry  
 • Number of Fireplaces: 1 2 3 4  
 • Wood Stove: ☐ Insert ☐ Free Standing  
 • Coal Stove: ☐ Soft ☐ Hard  
                                   ☐ Wet ☐ Dry

- No. of cords burned per season: \_\_\_\_\_
- How did you hear about us? • Flue Size:
- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Referral            | <input type="checkbox"/> 8 x 8              | <input type="checkbox"/> 8 x 17  |
| <input type="checkbox"/> Yellow Pages        | <input checked="" type="checkbox"/> 8 x 13  | <input type="checkbox"/> 13 x 17 |
| <input type="checkbox"/> Media—TV, Newspaper | <input checked="" type="checkbox"/> 13 x 13 | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Direct Mail Coupon  |   |                                  |
| <input type="checkbox"/> Other               |   |                                  |

SAFETY INSPECTION		Satisfactory	Unsatisfactory	Not Applicable
<b>FIREPLACE</b>				
1. Hearth Protection		✓		
2. Firebox/Grate		✓		
3. Ash Container		✓		
4. Damper		✓		
5. Smoke Chamber			✓	
6. Spark Screen/Doors		✓		
7. Tools/Gloves		✓		
<b>CHIMNEY</b>				
8. Brickwork			✓	
9. Mortar			✓	
10. Flue Tiles			✓	
11. Flashing		✓		
12. Crown/Wash		✓		
13. Chimney Cap/Spark Arrestor		✓		
14. Misc.		✓		
<b>WOOD STOVE</b>				
15. Stove Pipe Condition	_____			
16. Stove Gasketing	_____			
17. Installation/Thimble/Clearances	_____			
<b>OTHER FIRE SAFETY</b>				
18. Fire Extinguisher	✓			
19. Smoke Detectors	✓			
20. Fire Escape Plan	✓			

COMMENTS:  
SMOKE CHAMBER HAS HOLES IN CORNERS  
HEATILATOR IS RUSTED OUT - (SMOKE SLEEF.  
BRICKS ARE SPALLING, & MISSING  
MORTAR MISSING (WAS REPAIRED)  
THIS FIRE PLACE IS NOT SAFE TO USE

Date 4-22-09

I have read this form and now understand which areas of my wood-burning system appear to be satisfactory and which areas are not satisfactory.

Signed \_\_\_\_\_

**NEXT SWEEPING RECOMMENDED**

in \_\_\_\_\_ of \_\_\_\_\_  
season year

Fireplace and chimney should be inspected yearly for any structural faults.

Sweep or Mason's Signature [Signature]

# RECEIPT

DESCRIPTION		PRICE
1- FP; Inspection		65.00
	SUBTOTAL	
	TAX	3.90
DATE COMPLETED	TOTAL	68.90



(814) 371-3041

Customer Robert Griggs  
Address Sec 10 Lot 5 FLAKE  
City Dumas State OK Zip 75801  
Phone ( ) - -  
E-mail \_\_\_\_\_  
Date 8/21/07 Time 5:00pm  
Directions to Home \_\_\_\_\_

Satisfactory	Unsatisfactory	Not Applicable
--------------	----------------	----------------

CHIMNEY				
1. Height		X		
2. Chimney Cap / Spark Arrestor			X	
3. Crown / Wash			X	
4. Brickwork / Mortar			X	
5. Flashing		X		
6. Flue Liner		X		
7. Moisture Resistance			X	
<b>FIREPLACE</b>				
8. Smoke Chamber		X		
9. Damper		X		
10. Firebox / Grate		X		
11. Ash Container		X		
12. Spark Screen / Doors		X		
13. Tools / Gloves		X		
14. Hearth Protection		X		
15. Misc.:		X		
<b>WOODSTOVE OR FIREPLACE INSERT</b>				
16. Stovepipe Condition (woodstove)		X		
17. NFPA Approved Flue Connection				X
18. Installation / Thimble / Clearances		X		
<b>OTHER SAFETY CONSIDERATIONS</b>				
19. Fire Ext. / Smoke Detectors / CO Alarms		X		
20. Gas / Oil Furnace Flue Liner				X
21. Fire Escape Plan				X

**Note:** This sheet is the result of a visual inspection done at the time of cleaning. It is

- Type of Fireplace: ☒ Prefab ☒ Masonry ☐ Modular
- No. of Stories: 1 2 3 4 • No. of Fireplaces: 1 2 3 4
- Woodstove: ☐ Insert ☒ Freestanding ☐ Pellet
- Type of Wood Used: ☐ Soft ☐ Hard ☐ Wet ☐ Dry
- Last Cleaned: 2 Year(s) Ago ☐ Never
- Number of cords burned per season: \_\_\_\_\_
- Flue Size: ☐ 8"×8" ☒ 8"×13" ☒ 13"×13" ☐ 8"×17"  
☐ 13"×17" ☐ 6" Round ☐ 8" Round ☐ \_\_\_\_\_
- Outside Chimney Dimensions: \_\_\_\_\_" × \_\_\_\_\_"
- Fireplace Opening Size: \_\_\_\_\_" × \_\_\_\_\_"
- How did you hear about us? ☐ TV ☐ Radio ☐ Website  
☐ Newspaper ☐ Yellow Pages ☐ Direct Mail  
☐ Referral ☐ Repeat Customer ☐ Other

**COMMENTS:**

Both Flues should be cleaned before use.

Both raincaps need replaced

Crown should be sealed.

Basement woodstove is not EPA certified

## CUSTOMER VERIFICATION

I have read this form and now understand which areas of my chimney system appear to be satisfactory and which areas are not satisfactory.

Signed \_\_\_\_\_ Date \_\_\_\_\_


## NEXT SERVICING SCHEDULED

on \_\_\_\_\_ at \_\_\_\_\_  
month day year time

The National Fire Protection Association Standard states the fire place and chimney should be inspected yearly for any structural faults.

Chimney Professional's Signature *Anthony Bull*

# RECEIPT / INVOICE

DESCRIPTION		PRICE
Complete Inspection		50 <sup>00</sup>
Pd CL # 425.		
	SUBTOTAL	
DATE COMPLETED	TOTAL	

## JOB INVOICE

## HIGH TOP CHIMNEY

R.D.#1 Box 186A  
Luthersburg, PA 15848  
(814) 371-3041

TO	Robert Griggs.
ADDRESS	Sec 10 Lot 5 T Lake
ATTENTION	Dubos Pa 15801

DATE ORDERED	ORDER TAKEN BY
PHONE NO.	CUSTOMER ORDER #
JOB LOCATION	
JOB PHONE	STARTING DATE
TERMS	

2	Complete Sweeps.	125 <sup>00</sup>	
	Crown Seal	135 <sup>00</sup>	
1	13x13 S.S. Cap	89 <sup>00</sup>	
1	8 1/2 x 13 S.S. Cap	79	
	Taxable	168 <sup>00</sup>	168 <sup>00</sup>

Clean Flues.  
Replace caps with S.S.  
Seal Crown.

WORK ORDERED BY
DATE ORDERED
DATE COMPLETED

CUSTOMER APPROVAL  
SIGNATURE

AUTHORIZED SIGNATURE

TOTAL LABOR	260 <sup>00</sup>
TOTAL MATERIALS	168 <sup>00</sup>
TOTAL MISCELLANEOUS	
SUBTOTAL	
Materials TAX	10 <sup>08</sup>
GRAND TOTAL	438 <sup>08</sup>



# Invoice

21405-873

Pillar To Post Home Inspections  
810 Shamokin Trail

DuBois, PA  
15801  
(814) 583-5041  
cantodj@key-net.net

DATE

17-Aug-2007

590 4890

Sold To: Bob Griggs  
16 Richards St  
Brookville, Pennsylvania 15825

Property: Sec.10 Lot 5 Treasure Lake  
DuBois, Pennsylvania 15801

Visual Inspection  
RADON TEST

\$255.00  
~~\$120.00~~

#375.00

Sub Total	\$255.00
Tax @ 0.00%	\$0.00

TOTAL

~~\$255.00~~  
#375.00

PD IN FULL  
8-17-07  
DJC  
C#418

**VISUAL INSPECTION AGREEMENT**  
**PLEASE READ THIS AGREEMENT CAREFULLY**  
**THIS AGREEMENT SUPERCEDES ALL PREVIOUS COMMUNICATIONS**

Property: Sec.10 Lot 5 Treasure Lake  
DuBois, Pennsylvania 15801

Client: Bob Griggs  
Address: 16 Richards St  
Brookville, Pennsylvania 15825

Phone:

Real Estate Co. Howard Hanna

Agent: Peggy Snell

Insp. Fee: \$255.00

Paid By: Bob Griggs

Additional Fees: \$0.00

Date Paid: 17 Aug 2007

Tax: \$0.00

Payment Method: Check

Total: \$255.00

Report Provided To: Bob Griggs

1. THIS AGREEMENT, made and entered into on this 17th day of August 2007 ,  
**visual inspection of the Property only.** The inspection is performed in accordance with the **Standards of Practice of the National Association of Home Inspectors (NAHI®)** and in accordance with any applicable State or Provincial specific standards. **This is not a Building Code inspection, title examination, nor a By-law compliance inspection.** The Inspector does not offer an opinion as to the advisability or inadvisability of the purchase of the property, its value or its potential use. The inspection fee is based on a single visit to the property; additional fees may be charged for any subsequent visits required by the Client. If the Inspector is called upon to prepare for litigation or give testimony as a result of the inspection, additional fees shall be charged at the Inspector's then current hourly rate for any time spent, including, but not limited to, research, consultation, additional inspection time, preparation of reports, travel, time waiting to testify, and court appearances.
2. **The Client will receive a written report of Inspector's observations of the accessible features of the Property.** Subject to the terms and conditions stated herein, the inspection includes the visual examination of the home's exterior including roof and chimney, structure, electrical, heating and cooling systems, insulation, plumbing, and interior including floors, walls, ceiling and windows; it is a reasonable effort to disclose the condition of the house based on a visual inspection. Additionally, Inspector will functionally operate major built-in appliances. Conditions beyond the scope of the inspection will not be identified. No engineering services are offered.
3. **This Inspection Report is based on the condition of the Property existing and apparent as of the time and date of the inspection.** Not all conditions may be apparent on the inspection date due to weather conditions, inoperable systems, inaccessibility of areas of the Property, etc. A defect that was apparent on any date prior to the inspection date may not be apparent on the inspection date. Without dismantling the house or its systems, there are limitations to the inspection. Throughout any inspection, inferences are drawn which cannot be confirmed by direct observation. Clues and symptoms often do not reveal the extent or severity of problems. Therefore, the inspection and subsequent Inspection Report may help reduce the risk of purchasing the property; however, an inspection does not eliminate such risk nor does the Inspector assume such risk. While some of the less important deficiencies are addressed, an all inclusive list of minor building flaws is not provided. **Inspector is neither responsible nor liable for the non-discovery of any patent or latent defects in materials, workmanship, or other conditions of the Property, or any other problems which may occur or may become evident after the inspection time and date.** Inspector is neither an insurer nor guarantor against defects in the building and improvements, systems or components inspected. Inspector makes no warranty, express or implied, as to the fitness for use or condition of the systems or components inspected. Inspector assumes no responsibility for the cost of repairing or replacing any unreported defects or conditions, nor is Inspector responsible or liable for any future failures or repairs.

4. **Unless prohibited by applicable law, Inspector and its employees are limited in liability to the fee paid for the inspection services and report** in the event that Client or any third party claims that Inspector is in any way liable for negligently performing the inspection or in preparing the Inspection Report, for any breach or claim for breach of this Visual Inspection Agreement or for any other reason or claim. The inspection report is provided solely for the benefit of the Client and may not be relied upon by any other person. The Inspector will not review any other inspection report prior to preparing the Inspection Report provided pursuant to this Agreement unless a copy of the prior report is provided to the Inspector prior to the beginning of the inspection. The Client shall not rely on any other inspection report prepared at any time by the Inspector that is not prepared for or addressed to the Client.
5. **Inspections are done in accordance with NAHI® Standards, are visual, and are not technically exhaustive.**

The following items are specifically excluded from the inspection:

- 5.1. water softening systems,
- 5.2. security systems,
- 5.3. telephone and cable TV cables,
- 5.4. timing systems,
- 5.5. swimming pools and spas,
- 5.6. underground or concealed pipes,
- 5.7. sewer lines,
- 5.8. septic systems,
- 5.9. electrical lines and circuits,
- 5.10. central vacuum systems,
- 5.11. central air conditioning when outside temperature is below 65° F or 18° C,

and any other condition, item, system or component which by the nature of their location are concealed or otherwise difficult to inspect or which the Inspector cannot visually examine. Excluded is the assurance of a dry basement or crawl space; also excluded is the assurance that double and triple pane glazing seals in windows are intact. Inspector will not dismantle any component or system; full evaluation of the integrity of a heat exchanger requires dismantling of the furnace and is beyond the scope of a visual inspection.

6. Inspector will not conduct geological tests; will not inspect inaccessible or concealed areas of the Property; will not enter dangerous areas of the Property; will not inspect for environmental concerns such as hazardous substances or gasses, including but not limited to,
- 6.1. radon gas,
  - 6.2. asbestos,
  - 6.3. formaldehyde;
  - or for pests such as
  - 6.4. wood destroying organisms,
  - 6.5. insects,
  - 6.6. rodents;
  - 6.7. fungus including but not limited to mold and mildew.
7. Inspector examines a representative sample of components that are identical and numerous, such as electrical outlets, bricks, shingles, windows, etc., and does not examine every single one of these identical items, therefore, some detectable deficiencies may go unreported.
8. The inspection excludes defects such as cracking, leaking, surface discolorations, or landslides resulting from hidden defects, including but not limited to, water leaks, land subsidence, or other geological problems. The inspection also excludes merely cosmetic features, including but not limited to, paint, wall coverings, carpeting, floorings, paneling, lawn, and shrubs. The Inspector is not required to determine property boundary lines or encroachments.
9. Any controversy or claim between the parties hereto, arising directly or indirectly out of, connected with, or relating to the interpretation of this Agreement, the scope of the services rendered by Inspector, the Inspection Report provided to the Client by Inspector, or as to any other matter involving any act or omission performed under this Agreement, or promises, representations or negotiations concerning duties of the Inspector hereunder, shall be submitted to arbitration in accordance with the applicable rules of Construction Arbitration Services, Inc. Each party to the dispute shall be responsible for their own costs for the arbitration process. The dispute shall be submitted to a sole arbitrator who is knowledgeable and familiar with the professional home inspection industry. Judgment on any award may be entered in any court having jurisdiction, and the arbitration decision shall be binding on all parties. Unless applicable law requires otherwise, arbitration shall occur in the county or judicial district in which the Inspector's principal place of business is located. Secondary or consequential damages are specifically excluded. In the event that any dispute arises out of the Inspection or Inspection Report, and proceedings are commenced by the Client, if the Client is unsuccessful in maintaining the claim, then the Client shall be liable to the Inspector for all charges, expenses, costs and legal fees (on a lawyer and client basis) incurred by the Inspector on a complete indemnity basis, including a reasonable fee for all the time spent by the Inspector or Inspector's personnel in investigating, research, preparation for, and attendance at court hearings and examinations. **Unless prohibited by applicable law, any claims must be presented within one (1) year from the date of the inspection; Inspector shall have no liability for any claims presented more than one (1) year after the date of the inspection.**

10. The Inspector shall have the right to examine the subject matter and area of any claim or potential claim against the Inspector arising herefrom and the right to offer a resolution prior to Client's performance of any remedial measures (except in the event of an emergency, or to protect for personal safety, or to reduce or avoid damage to property) The right of examination herein is a condition precedent to the commencement of any claim by the Client against the Inspector for any reason including negligence or breach of any term hereof. The Client shall not file or commence any claim against the Inspector in any jurisdiction until he has notified the Inspector of his complaint and made reasonable efforts to afford the Inspector an opportunity to complete such examination.
11. This Agreement and the documents referred to herein constitute the entire Agreement between the parties hereto, and supersedes any and all prior representations, discussions, or agreements, whether written or oral. No amendment, change, or variance from this Agreement shall be binding on either party unless mutually agreed to, in writing, and signed by the parties hereto. If any provision of this Agreement is held invalid or unenforceable by any court of final jurisdiction, it is the intent of the parties that all other provisions of this Agreement be construed to remain fully valid, enforceable, and binding on the parties.
12. **THE INSPECTION REPORT DOES NOT CONSTITUTE A WARRANTY, GUARANTEE OR INSURANCE POLICY OF ANY KIND.** THERE ARE NO WARRANTIES MADE AGAINST ROOF LEAKS, WET BASEMENTS, OR MECHANICAL BREAKDOWNS. THE REPORT IS A PROFESSIONAL OPINION BASED ON A VISUAL INSPECTION OF THE ACCESSIBLE AREAS AND FEATURES OF THE PROPERTY AS OF THE DATE AND TIME OF THE INSPECTION AND IS NOT A LISTING OF REPAIRS TO BE MADE. THE REPORT IS NOT AN ASSESSMENT NOR IS IT AN APPRAISAL. NEITHER THE INSPECTOR NOR PILLAR TO POST INC. IS ASSOCIATED WITH ANY SELLER, BUYER, CONTRACTOR, LAWYER OR REALTOR. INSPECTOR AND ITS EMPLOYEES ARE LIMITED IN LIABILITY TO THE FEE PAID FOR THE INSPECTION SERVICES AND REPORT.
13. THE INSPECTION PROCESS IS A TWO PART SYSTEM: THE VERBAL SURVEY AND THE REPORT. AS SUCH, THIS REPORT IS NOT TRANSFERABLE TO THIRD PARTIES AS IT WILL NOT CLEARLY CONVEY THE INFORMATION HEREIN. THIS REPORT IS PREPARED BY INSPECTOR AT YOUR REQUEST, ON YOUR BEHALF, AND FOR YOUR USE AND BENEFIT ONLY; THIS REPORT AND ANY MEMORANDA OR INFORMATION PROVIDED TO YOU PURSUANT TO THIS INSPECTION AGREEMENT ARE NOT TO BE USED, IN WHOLE OR IN PART, OR RELEASED TO ANY OTHER PERSON WITHOUT INSPECTOR'S PRIOR WRITTEN PERMISSION. CLIENT HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS INSPECTOR AND PILLAR TO POST INC. IF, THROUGH THE UNAUTHORIZED DISTRIBUTION OF THIS REPORT, ANY THIRD PARTY BRINGS A CLAIM AGAINST INSPECTOR OR PILLAR TO POST INC. RELATING TO THE INSPECTION OR INSPECTION REPORT.
14. RELATIONSHIPS/THIRD PARTY PROVIDERS. PILLAR TO POST INC. MAY HAVE AN AFFILIATION WITH THIRD-PARTY SERVICE PROVIDERS ("TPSP") IN ORDER TO OFFER VALUE-ADDED SERVICES TO CLIENTS. PILLAR TO POST INC. AND THE INSPECTOR MAY RECEIVE COMPENSATION FOR SUCH SERVICES. PILLAR TO POST INC. MAY ALSO ARRANGE FOR THESE TPSPs TO SEND LITERATURE OR MAKE POST-INSPECTION CONTACT WITH THE CLIENT. BY EXECUTING THIS AGREEMENT, THE CLIENT EXPRESSLY CONSENTS TO THE DISCLOSURE OF CLIENT'S PERSONAL INFORMATION TO PILLAR TO POST INC. AND TPSPs. IF CLIENT DOES NOT WISH TO RECEIVE LITERATURE FROM OR BE CONTACTED BY TPSPs, CLIENT SHALL SIMPLY NOTIFY THE INSPECTOR.
15. Schedules indicated below and attached form part of this agreement. In the event of any conflict between a schedule and the provisions of this agreement, the provisions of the schedule will apply to the extent of the conflict.

Attached Schedules: N/A

By initialing here (\_\_\_\_), you authorize us to distribute copies of the Report to the real estate agents directly involved in this transaction, who are not designated beneficiaries of the Report, intended or otherwise.

I hereby authorize the inspection of this Property having read and understood this Agreement:

\_\_\_\_\_  
Signature of Client or Client's Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

  
\_\_\_\_\_  
Signature of Authorized Inspector.

FRANCHISEE: Pillar To Post Home Inspections

ADDRESS: 810 Shamokin Trail  
DuBois, PA 15801

INSPECTED BY: Daniel J. Canton

Spoke with Seller [ ] Yes ☒ No

Inspection Time: 17-Aug-2007 12:00 PM



8/17/2007 12:11:53 PM Sec.10 Lot 5 Treasure Lake, DuBois, Pennsylvania 15801

## PROPERTY AND SITE

**LIMITATION:** Restricted/No Access ☐ Debris/Obstruction ☐ Snow/Ice Cover ☐ Vegetation/Tree/Shrub ☐  
**CONDITIONS:** Sunny ☒ Cloudy ☒ Snow ☐ Approx. Temperature 75  
 Dry Ground ☒ Approx. Hydrant Distance

**BUILDING** Approx. Years Old 20 Condo ☐ Rural ☐  
 Ranch ☒ Bi-Level ☐ 2 Story ☐ 3 Story ☐  
 Semi-Detached ☐ Plex Row/Town ☐ Other ☐

**LANDSCAPING** Slope to House ☐ Good Condition  
 Flower Bed ☐ Hedge/Shrub ☒ Tree/Vine ☐ Ravine ☐  
 Earth to Wood ☐ Site Erosion ☐ No Swale ☐ Other ☐

**DRIVEWAY** Slopes to House ☐ No Visible Damage Noted  
 Paving Stone ☐ Gravel ☐ Concrete ☐ Asphalt ☒

**WALKWAY/PATH** Slopes to House ☐ No Visible Damage Noted  
 Paving Stone ☐ Patio Block ☐ Concrete ☒ Asphalt ☐

**PORCH** Unsecured ☐ No Visible Damage Noted  
 Metal ☐ Wood ☐ Concrete ☒ Brick/Block ☐  
 Crack/Spalling ☐ Corrosion ☐ Rot ☐ Repaint ☐

**LIGHTING** None ☐ Unsecured ☐ Operational

**RECEPTACLE** Damaged/No Cover ☐ Operational

**RAILING** Unsecured ☐ Not Applicable  
 Metal ☐ Wood ☐ Incomplete ☐ None ☐

**DECK/ PATIO** Unsecured ☐ No Visible Damage Noted  
 Wood ☒ Brick/Block ☐ Concrete ☐ Metal ☐  
 Slope to House ☐ Paving Stone ☐ Patio Block ☐ Stone ☐  
 Crack/Spalling ☐ Deterioration ☐ Mold/Mildew ☐ Rot ☐

**RAILING** Unsecured ☐ No Visible Damage Noted  
 Metal ☐ Wood ☒ Incomplete ☐ None ☐

**RETAINING WALL** Not Stable ☐ Not Applicable  
 No Weep Holes ☐ Wood ☐ Concrete ☐ Stone ☐  
 Crack/Spalling ☐ Deterioration ☐ Rot ☐ Leans ☐

### LANDSCAPING

Maintain air space between dwelling and landscaping shrubs ,to reduce moisture, condensation and related damages.

### DRIVEWAY

Maintain protective seal on driveway to get normal useful life from it .

### DECK/PATIO

Recommend caulking along edge where siding meets deck to reduce water intrusion between the two and possible damage. Maintain protective seal on decking and exterior wood to protect it from moisture and water related damages.

### DECK/PATIO RAILING

Space between railings on porch/deck could be hazardous to a child. Recommend alterations.



For the purpose of this report your house faces:

FRONT

Tel.# (814) 583-5041



## EXTERIOR

<b>LIMITATION</b>	Clearance <input type="checkbox"/>	Seasonal Storm Window <input type="checkbox"/>	Debris/Obstruction <input type="checkbox"/>	Shrub/Tree/Hedge/Vines/Ivy <input type="checkbox"/>
	Snow/Ice Cover <input type="checkbox"/>	Restricted/No Access <input type="checkbox"/>	Parged <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
<b>FOUNDATION WALL</b>	Not Exposed <input type="checkbox"/>	<b>No Visible Damage Noted</b>		<b>DOORS</b>
Poured Concrete <input type="checkbox"/>	Block <input checked="" type="checkbox"/>	Brick <input type="checkbox"/>	Stone <input type="checkbox"/>	Maintain weather stripping on all exterior doors to help reduce heating cost.
Exterior Rigid Insulation <input type="checkbox"/>	PWF/Wood <input type="checkbox"/>	Piling/Pier <input type="checkbox"/>	Frost Heave <input type="checkbox"/>	<b>BASEMENT WALKOUT</b>
Crack/Spalling <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>		Handrail recommended for steps over three high to reduce fall hazard. Bottom of door frame starting to rot, repair as needed, maintain the protective seal on the bottoms of all exterior doors with wood frames or trim to reduce rot from starting.
<b>WALL SURFACE</b>	No Ground Clearance <input type="checkbox"/>	<b>No Visible Damage</b>		
Aluminum <input type="checkbox"/>	Composite <input type="checkbox"/>	Brick <input checked="" type="checkbox"/>	Stone <input type="checkbox"/>	
Stucco <input type="checkbox"/>	Vinyl Siding <input checked="" type="checkbox"/>	Wood Siding <input type="checkbox"/>	Steel/Shgl <input type="checkbox"/>	
Split/Loose <input type="checkbox"/>	Repoint <input type="checkbox"/>	Repaint <input type="checkbox"/>	Recaulk <input type="checkbox"/>	
Crack/Spalling <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Blister/Peel <input type="checkbox"/>	
<b>WINDOWS</b>	Inspected with Binoculars <input type="checkbox"/>	<b>No Visible Damage Noted</b>		
Storm <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Repaint <input type="checkbox"/>	Recaulk <input type="checkbox"/>	
Weather-strip <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Poor Trim <input type="checkbox"/>	
<b>WINDOW WELL</b>	Improper Drainage <input type="checkbox"/>	<b>Not Applicable</b>		
<b>DOORS</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
Storm <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Repaint <input type="checkbox"/>	Recaulk <input type="checkbox"/>	
Weather-strip <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Split/Dent <input type="checkbox"/>	
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>	<b>Operational</b>		
Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>	
<b>BASEMENT WALKOUT</b>	Covered <input type="checkbox"/>	<b>No Visible Damage Noted</b>		
Poor Condition <input type="checkbox"/>	No Railing <input checked="" type="checkbox"/>	No Drain <input type="checkbox"/>	Leak <input type="checkbox"/>	
Crack/Spalling <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Frost Heave <input type="checkbox"/>	Reparge <input type="checkbox"/>	



## GARAGE / CARPORT

<b>TYPE</b>	Attached <input checked="" type="checkbox"/>	Built-In <input type="checkbox"/>	Detached <input type="checkbox"/>	Single <input type="checkbox"/>	Double <input checked="" type="checkbox"/>	Insulated <input checked="" type="checkbox"/>	Attic Access <input type="checkbox"/>
<b>DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>		<b>DOOR</b>		
Automatic <input checked="" type="checkbox"/>	Sectional <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Metal <input type="checkbox"/>		Very bottom of the door on the right starting to get some moisture damage, possibly from snow building up, maintain protective seal on this area on both doors.		
Adjust Auto Stop <input type="checkbox"/>	No Safety Stop <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Corrosion <input type="checkbox"/>				
<b>FLOOR</b>	Crack <input checked="" type="checkbox"/>	Settlement <input type="checkbox"/>	<b>No Visible Damage Noted</b>		<b>WALL</b>		
Asphalt <input type="checkbox"/>	Concrete <input checked="" type="checkbox"/>	Gravel <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>		Recommend common wall between house and garage be covered with fire rated material for additional safety for occupants in case of fire in garage area.		
<b>WALL</b>	No Fire Barrier <input type="checkbox"/>	<b>No Visible Damage Noted</b>		<b>ACCESS DOOR</b>			
Drywall/Plaster <input type="checkbox"/>	Brk/Blk/Stone <input type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Stain/Rot <input type="checkbox"/>		Maintain seal on door to maintain gas seal for safety. There is some rot starting on the bottom of the frame on the exterior door, repair wood as needed.		
<b>WINDOW</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>				
<b>CEILING</b>	No Fire Barrier <input checked="" type="checkbox"/>	<b>Not Applicable</b>					
Drywall/Plaster <input type="checkbox"/>	Crack <input type="checkbox"/>	Wood <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>				
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>				
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>	<b>Operational</b>					
Install GFCI <input checked="" type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>				
<b>CIRCUIT WIRE</b>	Concealed <input checked="" type="checkbox"/>	Unsecured <input type="checkbox"/>	Improper <input type="checkbox"/>				
<b>ACCESS DOOR</b>	To House	<b>Operational</b>					
Auto Door Close <input type="checkbox"/>	Metal Clad <input checked="" type="checkbox"/>	Wood <input type="checkbox"/>	Composite <input type="checkbox"/>				
Gas Proof <input type="checkbox"/>	Damaged <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Corrosion <input type="checkbox"/>				





Pillar To Post

8/17/2007 12:40:04 PM Sec.10 Lot 5 Treasure Lake, DuBois, Pennsylvania 15801

## ROOF STRUCTURE

<b>INSPECTED BY:</b>	Binocular <input type="checkbox"/>	Roof Edge <input type="checkbox"/>	Walk On <input type="checkbox"/>	No Access <input type="checkbox"/>
<b>LIMITATION</b>	Deck/Patio <input type="checkbox"/>	Gravel/Flat <input type="checkbox"/>	Height <input type="checkbox"/>	Steep Slope <input type="checkbox"/>
	Solar Panel <input type="checkbox"/>	Fragile <input type="checkbox"/>	Other <input type="checkbox"/>	Snow <input checked="" type="checkbox"/>

<b>MAIN ROOF</b>	Flat <input type="checkbox"/>	Gable <input checked="" type="checkbox"/>	Valley <input type="checkbox"/>	Hip <input type="checkbox"/>	Shed <input type="checkbox"/>	Other <input type="checkbox"/>	Est. Age	Pitch Slight
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<b>GUTTER/DOWNSPOUT</b>	Unsecured <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
TYPE Aluminum <input checked="" type="checkbox"/>	Galvanized <input type="checkbox"/>	Copper <input type="checkbox"/>	Plastic <input type="checkbox"/>
Incomplete <input type="checkbox"/>	Dent/Split <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>
DRAINAGE Above Ground <input type="checkbox"/>	Below Ground <input checked="" type="checkbox"/>	Spill/Roof <input type="checkbox"/>	Clean <input type="checkbox"/>
Extend Leader <input type="checkbox"/>	Redirect Leader <input type="checkbox"/>		

**GUTTER/DOWNSPOUT**

Ensure all sections remain fastened securely and are kept clean to ensure proper flow.

**COVERING**

Some of the bottom shingles along with a few others are showing some age to them due to the clawing on the bottoms. Typical life expectancy of shingles is approximately 15 - 20 years.

**FLASHING**

Maintain flashings to provide a seal from moisture intrusion and related damages.

**CHIMNEY/VENT**

Some of the bricks have spalling or cracks from moisture and freezing, have a qualified chimney person evaluate.

<b>FASCIA/SOFFIT</b>	Not Vented <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
Aluminum <input checked="" type="checkbox"/>	Wood <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Other <input type="checkbox"/>
Loose <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Corrosion <input type="checkbox"/>

<b>COVERING # of Layers 1</b>	<b>No Visible Damage Noted</b>	
Asphalt Shingle <input type="checkbox"/>	Conc/Clay Tile <input type="checkbox"/>	Wd. Shingle <input type="checkbox"/>
Fiberglass Shingle <input type="checkbox"/>	Tar/Gravel <input type="checkbox"/>	Metal <input type="checkbox"/>
Nail Pop/Exposed <input type="checkbox"/>	Loose/Missing <input type="checkbox"/>	Broken <input type="checkbox"/>
Patched <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>
Claw <input checked="" type="checkbox"/>	Fungus/Moss <input type="checkbox"/>	Improper Installation <input type="checkbox"/>

<b>LIFE EXPECTANCY</b>	Typical <input type="checkbox"/>	Middle/End <input checked="" type="checkbox"/>	Exceeded <input type="checkbox"/>
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<b>ACCESSORY</b>	Unsecured <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
Air/Exhaust Vent <input type="checkbox"/>	Vent Stack <input checked="" type="checkbox"/>	Turbine <input type="checkbox"/>	Elec. Mast <input type="checkbox"/>
Solar Panel <input type="checkbox"/>	Skylight <input type="checkbox"/>	Antenna <input type="checkbox"/>	Dish <input type="checkbox"/>

<b>FLASHING</b>	Not Checked/Concealed <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
Chimney <input checked="" type="checkbox"/>	Dormer <input type="checkbox"/>	Drip Edge <input checked="" type="checkbox"/>	Flat Roof <input type="checkbox"/>
Skylight <input type="checkbox"/>	Roof to Wall <input type="checkbox"/>	Stack <input checked="" type="checkbox"/>	Valley <input checked="" type="checkbox"/>
Roll Roofing <input type="checkbox"/>	Aluminum <input checked="" type="checkbox"/>	Copper/Lead <input type="checkbox"/>	Rubber <input checked="" type="checkbox"/>
Gap/Loose/Crack <input type="checkbox"/>	Deterioration <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Tarred <input checked="" type="checkbox"/>
Reseal/Recaulk <input type="checkbox"/>	Improper <input type="checkbox"/>	Replace When Re-Roofing <input type="checkbox"/>	

<b>CHIMNEY / VENT</b>	Leaning <input type="checkbox"/>	<b>Visible Damage Noted</b>	
Fireplace <input checked="" type="checkbox"/>	Furnace <input type="checkbox"/>	Gas Insert <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Brick <input checked="" type="checkbox"/>	Metal <input type="checkbox"/>	Wood <input type="checkbox"/>	Stucco <input type="checkbox"/>
Crack/Spalling <input checked="" type="checkbox"/>	Deterioration <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Loose <input type="checkbox"/>
Abandoned <input type="checkbox"/>	No Wind Cap <input type="checkbox"/>	Metal Liner Required <input type="checkbox"/>	

<b>CHIMNEY CAP</b>	None <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
Concrete <input checked="" type="checkbox"/>	Masonry <input type="checkbox"/>	Metal <input type="checkbox"/>	Other <input type="checkbox"/>
Crack/Spalling <input type="checkbox"/>	Deterioration <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Loose <input type="checkbox"/>

<b>VISIBLE FLUE LINER</b>	None <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
Brick/Block <input type="checkbox"/>	Clay <input checked="" type="checkbox"/>	Metal <input type="checkbox"/>	Metal Insert <input type="checkbox"/>
Rain Cap <input checked="" type="checkbox"/>	Deterioration <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Loose <input type="checkbox"/>
Crack/Spalling <input type="checkbox"/>	Improper <input type="checkbox"/>	Advise Cleaning/Sweeping <input type="checkbox"/>	

<b>SECONDARY ROOF</b>	Flat <input type="checkbox"/>	Gable <input checked="" type="checkbox"/>	Hip/Valley <input type="checkbox"/>	Shed <input type="checkbox"/>	Other <input type="checkbox"/>	Est. Age	Pitch Slight
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<b>COVERING # of Layers 1</b>	<b>No Visible Damage Noted</b>	
Asphalt Shingle <input type="checkbox"/>	Conc/Clay Tile <input type="checkbox"/>	Wd. Shingle <input type="checkbox"/>
Fiberglass Shingle <input checked="" type="checkbox"/>	Tar/Gravel <input type="checkbox"/>	Metal <input type="checkbox"/>
Nail Pop/Exposed <input type="checkbox"/>	Loose/Missing <input type="checkbox"/>	Broken <input type="checkbox"/>
Patched <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>
Claw <input checked="" type="checkbox"/>	Fungus/Moss <input type="checkbox"/>	Improper Installation <input type="checkbox"/>

<b>LIFE EXPECTANCY</b>	Typical <input type="checkbox"/>	Middle/End <input checked="" type="checkbox"/>	Exceeded <input type="checkbox"/>
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Sec.10 Lot 5 Treasure Lake, DuBois, Pennsylvania 15801

ATTIC

<b>LIMITATION:</b> No Access <input type="checkbox"/> Sealed <input type="checkbox"/> Stored Items <input type="checkbox"/> Looked In <input checked="" type="checkbox"/> Entered <input type="checkbox"/> Hatch <input checked="" type="checkbox"/> Pull Down <input type="checkbox"/> Insulated <input checked="" type="checkbox"/>			
<b>STRUCTURE</b>		<b>No Visible Damage Noted</b>	
Truss <input checked="" type="checkbox"/> Rafter <input type="checkbox"/>	Warped <input type="checkbox"/> Stain/Rot <input type="checkbox"/>	Sag/Loose <input type="checkbox"/> Split <input type="checkbox"/>	
<b>SHEATHING</b>		<b>No Visible Damage Noted</b>	
Condensation <input type="checkbox"/> Thermal Board <input type="checkbox"/>	Composite <input checked="" type="checkbox"/> Plywood <input type="checkbox"/> Board <input type="checkbox"/>	R Felt/R Paper <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Sag/Loose <input type="checkbox"/> Stain/Rot <input type="checkbox"/>
<b>INSULATION</b>		<b>No Visible Damage Noted</b>	
Estimated Depth 18-20"	Radiant Barrier <input type="checkbox"/> Concealed <input type="checkbox"/>	Finished <input type="checkbox"/> None <input type="checkbox"/>	
Vapor Barrier <input type="checkbox"/> Fibreglass <input checked="" type="checkbox"/>	Wood Shavings <input type="checkbox"/> Rigid Plastic <input type="checkbox"/>	Mineral <input type="checkbox"/> Cellulose <input type="checkbox"/>	
Batt <input type="checkbox"/> Blown <input checked="" type="checkbox"/>	Sprayed <input type="checkbox"/> Required <input type="checkbox"/>	Foam <input type="checkbox"/> Other <input type="checkbox"/>	
<b>VENTILATION</b>		<b>No Visible Damage Noted</b>	
None <input type="checkbox"/>	Soffit <input checked="" type="checkbox"/> Gable End <input type="checkbox"/>	Turbine <input type="checkbox"/> Mechanical <input type="checkbox"/>	
Baffles <input checked="" type="checkbox"/> Ridge <input checked="" type="checkbox"/>	Blocked <input type="checkbox"/> Required <input type="checkbox"/>		
<b>EXHAUST DUCT</b>		<b>Not Applicable</b>	
Concealed <input checked="" type="checkbox"/>	Not Insulated <input type="checkbox"/> Into Attic <input type="checkbox"/>	Plastic/Flex <input type="checkbox"/> Metal <input type="checkbox"/>	
<b>ELECTRICAL</b>		<b>Not Applicable</b>	
Concealed <input checked="" type="checkbox"/>	Abandoned <input type="checkbox"/> Knob & Tube <input type="checkbox"/>	Open Splice <input type="checkbox"/> Frayed <input type="checkbox"/>	

**INSULATION**

With the ventilation be installed properly the roof covering should last full term.

**ELECTRICAL SERVICE / PANEL**

<b>SERVICE ENTRANCE</b>		<b>DISTRIBUTION PANEL</b>	
Underground <input type="checkbox"/> 120-Volt <input type="checkbox"/> 120/240 Volt <input type="checkbox"/>	Overhead <input checked="" type="checkbox"/> Unsecured <input type="checkbox"/>	No Conduit <input type="checkbox"/> Frayed <input type="checkbox"/>	Knockouts are missing. This represents a safety risk. Holes should be filled with approved grommets or filler pieces.
ENTRANCE CABLE Concealed <input type="checkbox"/>	Aluminum <input checked="" type="checkbox"/> Copper <input type="checkbox"/>	Breaker <input checked="" type="checkbox"/>	
MAIN DISCONNECT Switch/Cartridge Fuse <input type="checkbox"/>	DISCONNECT RATING 200 Amps	Have Electrician Evaluate <input type="checkbox"/>	
<b>DISTRIBUTION PANEL</b>		<b>WIRE</b>	
Not Opened <input type="checkbox"/>	No Visible Damage Noted	Double tapping of wires on breakers that aren't intended to have two wires attached to them, recommend having qualified electrician evaluate and correct.	
Location Far back corner in storage room	Non Standard Installation <input type="checkbox"/>		
Obstructed <input type="checkbox"/> Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/> Obsolete <input type="checkbox"/>		
PANEL RATING 200 Amps	Room for Expansion <input type="checkbox"/>		
FUSE Breaker <input checked="" type="checkbox"/> Glass/Screw <input type="checkbox"/>	Cartridge <input type="checkbox"/> Time Delay <input type="checkbox"/>		
GFCI Breaker <input type="checkbox"/> AFCI Breaker <input type="checkbox"/>	Blown/Broken <input type="checkbox"/> Over-Fused <input type="checkbox"/>		
<b>CIRCUIT WIRE</b>		<b>No Visible Damage Noted</b>	
Improper <input type="checkbox"/>	Aluminum <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/>	Copper Clad <input type="checkbox"/> Other <input type="checkbox"/>	
Non - Metallic Sheathed <input checked="" type="checkbox"/> Armoured Cable <input type="checkbox"/>	Knob & Tube <input type="checkbox"/>		
Double Tapping <input checked="" type="checkbox"/> Spliced <input type="checkbox"/>	Corrosion <input type="checkbox"/> Scorched <input type="checkbox"/>		
GROUNDING Concealed <input checked="" type="checkbox"/>	Ground Rod <input checked="" type="checkbox"/> Water Main <input type="checkbox"/>		
Improper Connection/Installation <input type="checkbox"/>	Meter By-Pass/Jumper <input type="checkbox"/>		
BONDING Concealed <input type="checkbox"/>	Water Pipe <input type="checkbox"/> Gas Pipe <input type="checkbox"/>		
Improper Connection/Installation <input type="checkbox"/>	Corrosion <input type="checkbox"/> Unsecured <input type="checkbox"/>		
<b>AUXILIARY PANEL</b>		<b>Not Applicable</b>	
Concealed <input type="checkbox"/>	Non Standard Installation <input type="checkbox"/>		
Location Not Opened <input type="checkbox"/> Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/> Obsolete <input type="checkbox"/>		
DISCONNECT RATING 0 Amps	Have Electrician Evaluate <input type="checkbox"/>		
PANEL RATING 0 Amps	Room for Expansion <input type="checkbox"/>		
FUSE Breaker <input type="checkbox"/> Glass/Screw <input type="checkbox"/>	Cartridge <input type="checkbox"/> Time Delay <input type="checkbox"/>		
GFCI Breaker <input type="checkbox"/> Blown/Broken <input type="checkbox"/>	Over-Fused <input type="checkbox"/> Scorched <input type="checkbox"/>		

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## BASEMENT / STRUCTURE

<b>LIMITATION</b>		Finished <input checked="" type="checkbox"/>	Clutter/Obstruction <input checked="" type="checkbox"/>	Dry Weather/Drought <input type="checkbox"/>	Dry Ground <input type="checkbox"/>
<b>FLOOR</b>	Crack <input type="checkbox"/> Carpet <input checked="" type="checkbox"/>	Concrete <input checked="" type="checkbox"/> Ceramic <input type="checkbox"/>	No Visible Damage Noted		
<b>WALL</b>	Crack <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Concealed <input checked="" type="checkbox"/> Conc./Block <input type="checkbox"/>	Vinyl <input type="checkbox"/> Brick/Stone <input type="checkbox"/>	Wood/Lam. <input type="checkbox"/> PWF/Wood <input type="checkbox"/>	<b>FLOOR JOIST</b>
<b>CEILING</b>	Stain <input type="checkbox"/> Drywall/Plaster <input type="checkbox"/>	Unfinished <input type="checkbox"/> Stip/Acoustic <input type="checkbox"/>	No Visible Damage Noted		
<b>WINDOW</b>	Single/Dbl. Hung <input type="checkbox"/> Single <input checked="" type="checkbox"/> Damaged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Awning <input checked="" type="checkbox"/> Alum./Metal <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/> Vinyl/V. Cld <input type="checkbox"/> Stain/Rot <input type="checkbox"/>	Operational <input type="checkbox"/> Bay/Bow <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Repaint <input type="checkbox"/>	Most of the basement is finished. Any structural comments are based on what could be seen in the storage room area.
<b>DOOR</b>	Single <input type="checkbox"/> Pocket <input type="checkbox"/>	Damaged <input type="checkbox"/> Hinged <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Operational <input type="checkbox"/> Composite <input type="checkbox"/>	
<b>LIGHTING</b>	Minimal <input type="checkbox"/> Damaged/No Cover <input type="checkbox"/>	Unsecured <input type="checkbox"/> Reverse Polarity <input type="checkbox"/>	Operational <input type="checkbox"/> Open Ground <input type="checkbox"/>		
<b>RECEPTACLE</b>	Install GFCI <input type="checkbox"/> Circuit Wire <input type="checkbox"/>	No Ground <input type="checkbox"/> Concealed <input checked="" type="checkbox"/>	Improper <input type="checkbox"/>		
<b>HEAT SOURCE</b>	Air Register <input type="checkbox"/>	None <input type="checkbox"/> Convector/Radiator <input type="checkbox"/>	Thermostat <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/>	Radiant <input type="checkbox"/>	
<b>BASEMENT STAIRWAY</b>	Unsecured <input type="checkbox"/> Carpet <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/>	Wood <input type="checkbox"/> Worn <input type="checkbox"/>	No Visible Damage Noted		
<b>RAILING</b>	Unsecured <input type="checkbox"/> Metal <input type="checkbox"/>	Wood <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/>	No Visible Damage Noted		
<b>FLOOR JOIST</b>	Unsecured <input type="checkbox"/> Concealed <input checked="" type="checkbox"/>	Split <input type="checkbox"/> Stain/Rot <input type="checkbox"/>	No Visible Damage Noted		
<b>BRIDGING</b>	Continuous <input type="checkbox"/> Concealed <input type="checkbox"/>	X-Metal <input checked="" type="checkbox"/> X-Wood <input type="checkbox"/>	No Visible Damage Noted		
<b>SILL PLATE</b>	Moisture Gasket <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/> No Anchors <input type="checkbox"/>	No Visible Damage Noted		
<b>BEAM</b>	Unsecured <input type="checkbox"/> Laminate <input checked="" type="checkbox"/>	Concealed <input type="checkbox"/> Metal <input type="checkbox"/>	Wood <input checked="" type="checkbox"/> Sag <input type="checkbox"/>	No Visible Damage Noted	
<b>POST</b>	On Slab <input type="checkbox"/> Adjustable <input checked="" type="checkbox"/>	Concealed <input type="checkbox"/> Brick/Block <input type="checkbox"/>	Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/>	No Visible Damage Noted	
<b>BEARING WALL</b>	Concealed <input type="checkbox"/>	Not Applicable			
<b>COLD ROOM</b>	Improper Door <input type="checkbox"/> Concrete <input type="checkbox"/> Earth Floor <input type="checkbox"/>	Brick/Block <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Stone <input type="checkbox"/> Stain/Damp <input type="checkbox"/>	Not Applicable	
<b>CRAWL SPACE</b>	No Access <input type="checkbox"/> Vapor Barrier <input type="checkbox"/> Crack <input type="checkbox"/> Earth Floor <input type="checkbox"/>	Insulated <input type="checkbox"/> Mildew/Mold <input type="checkbox"/> Concrete <input type="checkbox"/>	Entered <input type="checkbox"/> Stain/Rot <input type="checkbox"/> Moisture Barrier Required <input type="checkbox"/>	Not Applicable	
<b>PIPES/ DUCTS</b>	Unsecured <input type="checkbox"/>	Leak <input type="checkbox"/>	Insulated <input type="checkbox"/>		
<b>VENTILATION</b>	Mechanical <input type="checkbox"/>	Blocked <input type="checkbox"/>	Required <input type="checkbox"/>		
<b>SLAB ON GRADE</b>	Concealed <input type="checkbox"/> On Piling/Pier <input type="checkbox"/> Crack/Spalling <input type="checkbox"/>	On Brick/Block/Poured Conc. <input type="checkbox"/> Frost Heave <input type="checkbox"/>	Not Applicable		
		Settling <input type="checkbox"/>	Floating <input type="checkbox"/> Leak <input type="checkbox"/>		

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Sec.10 Lot 5 Treasure Lake, DuBois, Pennsylvania 15801

## HEATING/COOLING/VENTILATION

<b>DATA PLATE:</b> Not Legible <input type="checkbox"/> Incomplete <input type="checkbox"/> Model <input type="checkbox"/>		Btu Input	Est. Age
<b>LIMITATIONS:</b> Clean-Out Does Not Open <input type="checkbox"/>		Oil/Propane Tank Not Visible <input type="checkbox"/>	System Operating AC/Heat <input type="checkbox"/>
System Shut-Off/Inoperative <input type="checkbox"/>		Piping/Ducts Concealed <input type="checkbox"/>	Weather/Temperature <input type="checkbox"/>
<b>SMOKE DETECTORS</b>	Basement <input type="checkbox"/> 1st Floor <input checked="" type="checkbox"/> 2nd Floor <input type="checkbox"/> 3rd Floor <input type="checkbox"/> Other <input type="checkbox"/>		
<b>CO DETECTORS</b>	Basement <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor <input type="checkbox"/> 3rd Floor <input type="checkbox"/> Other <input type="checkbox"/>		
<b>THERMOSTAT/HUMIDISTA</b> Unsecured <input type="checkbox"/>		<b>Operational</b>	<b>FUEL SOURCE</b>
Location Each room Programmable <input type="checkbox"/> Standard <input checked="" type="checkbox"/>		Provide Carbon Monoxide sensors in bedroom areas and rooms with fuel burning appliances.	
<b>FUEL SOURCE</b>	Gas/Propane <input type="checkbox"/> Oil <input type="checkbox"/> Wood/Pellet <input type="checkbox"/> Electric <input checked="" type="checkbox"/>		
<b>HEAT TYPE</b>	Convactor <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiator <input type="checkbox"/>		
<b>BURNER TYPE</b>	Conventional <input type="checkbox"/> Mid <input type="checkbox"/> High <input type="checkbox"/>		
<b>HEATING SYSTEM</b> Advise Service/Repair Contract <input type="checkbox"/>			
<b>AIR REQUIREMENT</b>	Internal <input type="checkbox"/> External <input type="checkbox"/> Inadequate <input type="checkbox"/>		
<b>VENTING</b> Flue <input type="checkbox"/> Sidewall <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/>			
Improper Rises <input type="checkbox"/> Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Soot <input type="checkbox"/>			
<b>LIFE EXPECTANCY</b>	Typical <input type="checkbox"/> Middle/End <input type="checkbox"/> Exceeded <input type="checkbox"/>		
<b>GAS BURNER</b>	Not Checked <input type="checkbox"/> Not Applicable		
<b>BURNER</b>	Corrosion <input type="checkbox"/> Advise Adjustment <input type="checkbox"/>		
<b>IGNITION</b>	Electronic <input type="checkbox"/> Pilot & Thermocouple <input type="checkbox"/>		
<b>HEAT SHIELD</b>	Missing <input type="checkbox"/> Corrosion <input type="checkbox"/> Soot <input type="checkbox"/>		
<b>PROPANE TANK/PIPING</b>	Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Kink/Leak <input type="checkbox"/>		
<b>OIL BURNER BLOWER</b>	Not Checked <input type="checkbox"/> Not Applicable		
<b>BURN CHAMBER</b>	Deterioration <input type="checkbox"/> Advise Adjustment <input type="checkbox"/>		
Burn Through <input type="checkbox"/> Corrosion <input type="checkbox"/> Crack <input type="checkbox"/> Soot <input type="checkbox"/>			
<b>INSPECTION DOOR</b>	Missing <input type="checkbox"/> Soot <input type="checkbox"/> Sealed <input type="checkbox"/>		
<b>BAROMETRIC DAMPER</b>	Missing <input type="checkbox"/> Unbalanced <input type="checkbox"/> Sealed <input type="checkbox"/>		
<b>OIL TANK/ PIPING</b>	Basement <input type="checkbox"/> Outside <input type="checkbox"/> Buried <input type="checkbox"/>		
No Filter <input type="checkbox"/> Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Kink/Leak <input type="checkbox"/>			
<b>CENTRAL HUMIDIFIER</b>	Not Checked <input type="checkbox"/> Not Applicable		
Water Shut Off <input type="checkbox"/> Damaged <input type="checkbox"/> Clean/Repair/Replace <input type="checkbox"/>			
Mildew <input type="checkbox"/> Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Leak <input type="checkbox"/>			
<b>MOTOR/BLOWER</b>	Direct Drive <input type="checkbox"/> Noisy <input type="checkbox"/> Other <input type="checkbox"/>		
<b>FAN BELT</b>	Loose/Worn <input type="checkbox"/> Misalign <input type="checkbox"/> Other <input type="checkbox"/>		
<b>FILTER</b> Electronic <input type="checkbox"/> Disposable <input type="checkbox"/> Permanent <input type="checkbox"/> Missing <input type="checkbox"/>			
Inoperable <input type="checkbox"/> Undersized <input type="checkbox"/> Damaged <input type="checkbox"/> Dirty <input type="checkbox"/>			
<b>DUCT/JOINT/HOUSING</b>	Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Kink/Leak <input type="checkbox"/>		
<b>AC / HEAT PUMP</b>	Not Checked <input type="checkbox"/> Not Applicable		
Evaporative <input type="checkbox"/> Central <input type="checkbox"/> Geo-Therm <input type="checkbox"/> Air <input type="checkbox"/>			
Through Wall <input type="checkbox"/> Damaged Fins <input type="checkbox"/> Corrosion <input type="checkbox"/> Noisy <input type="checkbox"/>			
Loose <input type="checkbox"/> Unsecured <input type="checkbox"/> Not Level <input type="checkbox"/> Dirty <input type="checkbox"/>			
<b>TEMP. DIFFERENTIAL</b>	Supply Air <input type="checkbox"/> Return Air <input type="checkbox"/>		
<b>FUEL SOURCE</b>	Unknown <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/>		
<b>CONDENSATION LINE</b>	Improper Drain <input type="checkbox"/> Corrosion <input type="checkbox"/> Leak <input type="checkbox"/>		
<b>REFRIGERANT LINE</b>	Unsecured <input type="checkbox"/> Not Insulated <input type="checkbox"/> Leak <input type="checkbox"/>		
<b>HRV/Air Exchanger</b>	Not Checked <input type="checkbox"/> Not Applicable		
Dirty Filter <input type="checkbox"/> Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Noisy <input type="checkbox"/>			
<b>ELECTRIC HEATING</b>	Not Tested <input type="checkbox"/> Operational		
Forced Air <input type="checkbox"/> Boiler <input type="checkbox"/> Baseboard <input checked="" type="checkbox"/> Radiant <input type="checkbox"/>			
Loose Connection <input type="checkbox"/> Damaged Fins <input type="checkbox"/> Corrosion <input type="checkbox"/> Scorched <input type="checkbox"/>			

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Sec.10 Lot 5 Treasure Lake, DuBois, Pennsylvania 15801

## PLUMBING COMPONENTS

<b>LIMITATION</b>	Finished Basement <input type="checkbox"/>	Private/Water Shut Off <input type="checkbox"/>	Private System <input type="checkbox"/>	Other <input type="checkbox"/>
<b>PUBLIC SUPPLY</b>	Concealed <input type="checkbox"/>	Metered <input type="checkbox"/>	<b>SUMP PUMP</b>	
Lead <input type="checkbox"/>	Galvanized <input type="checkbox"/>	Plastic <input type="checkbox"/>	Copper <input checked="" type="checkbox"/>	No water to test.
<b>SHUT-OFF VALVE</b>	Location Back Corner in storage room			
	Not Tested <input checked="" type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>PRIVATE SUPPLY</b>	Concealed <input type="checkbox"/>	Not Applicable		
<b>SHUT-OFF VALVE</b>	Location			
	Not Tested <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>WELL PUMP</b>	Submersible <input type="checkbox"/>	Jet <input type="checkbox"/>	Other <input type="checkbox"/>	
	Short Cycle <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
	Advise Well Water Quality/Recovery Test <input type="checkbox"/>			
<b>STORAGE TANK</b>	No Air Valve <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>WATER PRESSURE</b>	Low <input type="checkbox"/>	Typical <input type="checkbox"/>	High <input type="checkbox"/>	
<b>WATER QUALITY</b>	Discoloration <input type="checkbox"/>	Debris <input type="checkbox"/>	Odor <input type="checkbox"/>	
	Test Declined <input type="checkbox"/>	Advise Water Quality Test <input type="checkbox"/>		
<b>HOSE BIBB</b>	Not Checked <input type="checkbox"/>	Operational		
Frost Free <input checked="" type="checkbox"/>	Anti-Siphon <input type="checkbox"/>	Shut Off Valve <input checked="" type="checkbox"/>		
Recalk <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>DISTRIBUTION PIPING</b>	Concealed <input type="checkbox"/>	No Visible Damage Noted		
Lead <input type="checkbox"/>	Galvanized <input type="checkbox"/>	Plastic <input checked="" type="checkbox"/>	Copper <input type="checkbox"/>	
Dissimilar Metal <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>CROSS CONNECTION</b>	Kitchen <input type="checkbox"/>	Laundry <input type="checkbox"/>	Hose Bibb <input type="checkbox"/>	
<b>WASTE DRAINAGE</b>	Concealed <input type="checkbox"/>	No Visible Damage Noted		
Galvanized/Steel <input type="checkbox"/>	Cast Iron <input type="checkbox"/>	Plastic <input checked="" type="checkbox"/>	Copper <input type="checkbox"/>	
Odor <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
	Advise Septic Tank Checked/Pumped <input type="checkbox"/>			
<b>FLOOR DRAIN</b>	Mechanical/Faucet Primer <input type="checkbox"/>			
None <input type="checkbox"/>	Backed-Up <input type="checkbox"/>	No Water <input type="checkbox"/>	No Trap <input type="checkbox"/>	
<b>SEWAGE PUMP</b>	Not Checked <input type="checkbox"/>	Not Applicable		
<b>VENT STACK/PIPING</b>	Concealed <input type="checkbox"/>	No Visible Damage Noted		
Galvanized/Steel <input type="checkbox"/>	Cast Iron <input type="checkbox"/>	Plastic <input checked="" type="checkbox"/>	Copper <input type="checkbox"/>	
Undersized <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>MAIN CLEANOUT</b>	Concealed <input type="checkbox"/>	Not Applicable		
Improper Plug <input type="checkbox"/>	Location			
<b>HOT WATER TANK</b>	Hybrid Heating <input type="checkbox"/>	Operational		
Power-Vented <input type="checkbox"/>	Own <input checked="" type="checkbox"/>	Rent <input type="checkbox"/>	Est. Capacity 80 US	
Gas/Propane <input type="checkbox"/>	Oil <input type="checkbox"/>	Wood/Coal <input type="checkbox"/>	Electric <input checked="" type="checkbox"/>	
Dirty/Rusty/Odor <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>LIFE EXPECTANCY</b>	Typical <input checked="" type="checkbox"/>	Middle/End <input type="checkbox"/>	Exceeded <input type="checkbox"/>	
<b>FUEL SHUT-OFF</b>	Concealed <input type="checkbox"/>	Location Main Electric Panel		
<b>RELIEF VALVE</b>	No Test Lever <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>DISCHARGE TUBE</b>	Undersized <input type="checkbox"/>	Discharge <input type="checkbox"/>	Missing <input type="checkbox"/>	
<b>VENTING</b>	Flue <input type="checkbox"/>	Sidewall <input type="checkbox"/>	Not Applicable	
Improper Rise <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Soot <input type="checkbox"/>	
<b>BURN CHAMBER</b>	Not Checked <input type="checkbox"/>	Needs Adjustment <input type="checkbox"/>		
<b>SUMP PUMP</b>	Not Checked <input type="checkbox"/>	Operational		
Submersible <input checked="" type="checkbox"/>	Standpipe <input type="checkbox"/>	To Exterior Grade <input type="checkbox"/>		
Float Checked <input checked="" type="checkbox"/>	No/Improper Cover <input type="checkbox"/>	Permanent Connection <input type="checkbox"/>		
Corrosion <input type="checkbox"/>	To Septic/Sewer <input type="checkbox"/>	Suspect Installation <input type="checkbox"/>		

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**LAUNDRY**

<b>FLOOR</b>	Worn <input type="checkbox"/>	No Drain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Concrete <input type="checkbox"/>	Vinyl <input checked="" type="checkbox"/>	Wood/Lam <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Patched <input type="checkbox"/>	Unfinished <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Brk/Blk/Stone <input type="checkbox"/>	Wood/WP. <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Unfinished <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Stip/Acoust/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Not Applicable</b>	
	Single/Db. Hung <input type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fx <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Ther/Fix/Sng <input type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl/V.Cl <input type="checkbox"/>	Wd./Vnyl/Fxd <input type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Bi-Fold <input checked="" type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Composite <input type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>TUB / FAUCET</b>	Unsecured <input type="checkbox"/>		<b>Not Applicable</b>	
	Plastic <input type="checkbox"/>	Other <input type="checkbox"/>	Slow Drain <input type="checkbox"/>	Corrosion <input type="checkbox"/>
<b>TRAP / DRAIN</b>	Unsecured <input type="checkbox"/>		<b>Not Applicable</b>	
	Improper Trap <input type="checkbox"/>	Slow Drain <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>
<b>WASHER</b>	Make		<b>Operational</b>	
<b>DRYER</b>	Make		<b>Operational</b>	
<b>DRYER VENT</b>	Unsecured <input type="checkbox"/>		<b>Not Applicable</b>	
	With Other Exhaust <input type="checkbox"/>	To Crawlspace <input type="checkbox"/>	To Attic <input type="checkbox"/>	Plastic Duct <input checked="" type="checkbox"/>
<b>HEAT SOURCE</b>	None <input checked="" type="checkbox"/>		Thermostat <input type="checkbox"/>	Electric <input type="checkbox"/>
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	Radiant <input type="checkbox"/>	

**DRYER VENT**

Plastic flexible vent pipes used for dryer vent can collect lint quicker than standard aluminum rigid pipes, consider changing this for safety purposes.

**FIREPLACE**

<b>TYPE</b>	Built-In <input checked="" type="checkbox"/>	Free Standing <input type="checkbox"/>	Gas Insert <input type="checkbox"/>	Wood Insert <input type="checkbox"/>	Metal Liner <input checked="" type="checkbox"/>	Firebrick <input type="checkbox"/>	External Air Supply <input type="checkbox"/>
<b>FIREPLACE FRONT</b>	Soot/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>		<b>WOOD/PELLET STOVE</b>			
	Brick <input checked="" type="checkbox"/>	Ceramic <input type="checkbox"/>	Marble <input type="checkbox"/>	Stone <input type="checkbox"/>	Wood burner in the basement has signs of being burnt hot at some point. If these are going to be used for wood burning it's recommended to have the chimney inspected prior to closing.		
<b>HEARTH</b>	Raised <input checked="" type="checkbox"/>	None <input type="checkbox"/>	<b>No Visible Damage Noted</b>				
<b>DOOR/ SCREEN</b>	None <input type="checkbox"/>	<b>Operational</b>					
	Bind <input type="checkbox"/>	Glass <input checked="" type="checkbox"/>	Metal <input type="checkbox"/>	Mesh <input type="checkbox"/>			
	Poor Fit <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Crack <input type="checkbox"/>			
<b>FIREBOX</b>	Fan <input type="checkbox"/>	Not Checked <input type="checkbox"/>	<b>No Visible Damage Noted</b>				
<b>DAMPER</b>	None <input type="checkbox"/>	<b>Operational</b>					
	Sticks <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Creosote <input type="checkbox"/>			
<b>GAS INSERT</b>	Fan <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Not Applicable</b>				
<b>WOOD/PELLET STOVE</b>	Not Tested <input checked="" type="checkbox"/>	<b>No Visible Damage Noted</b>					
	Soot <input type="checkbox"/>	Suspect Installation <input type="checkbox"/>	Certification Not Apparent <input type="checkbox"/>				
<b>CHIMNEY FLUE</b>	Not Checked <input checked="" type="checkbox"/>	<b>Not Applicable</b>					
	Soot <input type="checkbox"/>	Unsecure/Improper <input type="checkbox"/>	Advise Inspection <input checked="" type="checkbox"/>				

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## BATHROOM

<b>LOCATION</b>	Basement <input type="checkbox"/>	1st Floor <input checked="" type="checkbox"/>	2nd Floor <input type="checkbox"/>	3rd Floor <input type="checkbox"/>	Other <input type="checkbox"/>
<b>WATER FLOW</b>	Normal <input checked="" type="checkbox"/>	Suspect <input type="checkbox"/>	Low <input type="checkbox"/>		
<b>FLOOR</b>	Worn <input checked="" type="checkbox"/> Carpet <input type="checkbox"/>	Crack/Stain <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/>	No Visible Damage Noted Wood/Lam. <input type="checkbox"/> Ceramic <input type="checkbox"/>		
<b>WALL</b>	Patched <input type="checkbox"/> Drywall/Plaster <input checked="" type="checkbox"/>	Crack/Stain <input type="checkbox"/> Brk/Blk/Stone <input type="checkbox"/>	No Visible Damage Noted Wood/WP. <input type="checkbox"/> Ceramic <input type="checkbox"/>		
<b>CEILING</b>	Patched <input type="checkbox"/> Drywall/Plaster <input checked="" type="checkbox"/>	Crack/Stain <input type="checkbox"/> Stip/Acoustic/WP. <input type="checkbox"/>	No Visible Damage Noted Wood <input type="checkbox"/> Tile <input type="checkbox"/>		
<b>WINDOW</b>	Double Hung <input checked="" type="checkbox"/> Thermal <input checked="" type="checkbox"/> Damaged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Cas./Awning <input type="checkbox"/> Alum./Metal <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/> Vinyl/V.Cl <input type="checkbox"/> Stain/Rot <input type="checkbox"/>	Operational Bay/Bow <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Repaint <input type="checkbox"/>	
<b>DOOR</b>	Double Hung <input type="checkbox"/> Pocket <input type="checkbox"/>	Damaged <input type="checkbox"/> Hinged <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Operational Composite <input type="checkbox"/>	
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Operational		
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>	Operational			
	Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>	
<b>EXHAUST FAN</b>	Advise Installation <input type="checkbox"/>	Operational			
<b>SINK</b>	Worn <input type="checkbox"/>	Chip/Scratch <input type="checkbox"/>	No Visible Damage Noted		
<b>FAUCET</b>	Sticks <input type="checkbox"/>	No Shut-Off <input type="checkbox"/> Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Operational Leak <input type="checkbox"/>	
<b>TRAP/DRAIN</b>	Improper Trap <input type="checkbox"/>	Unsecured <input type="checkbox"/> Slow Drain <input type="checkbox"/>	No Visible Damage Noted Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>VANITY</b>	Worn <input type="checkbox"/> Laminate <input type="checkbox"/> Scratch <input type="checkbox"/>	Unsecured <input type="checkbox"/> Plywood <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	No Visible Damage Noted Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Missing/Loose Hardware <input type="checkbox"/>		
<b>COUNTER</b>	Solid Surface <input checked="" type="checkbox"/> RegROUT/RecAulk <input type="checkbox"/>	Unsecured <input type="checkbox"/> Mrb./Granite <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	No Visible Damage Noted Laminate <input type="checkbox"/> Ceramic <input type="checkbox"/> Scratch <input type="checkbox"/> Worn <input type="checkbox"/>		
<b>TOILET</b>	Tank Loose <input type="checkbox"/>	No Shut-Off <input type="checkbox"/> Unsecured <input type="checkbox"/>	Crack <input type="checkbox"/>	Operational Leak <input type="checkbox"/>	
<b>TUB / ENCLOSURE</b>	Ceramic <input type="checkbox"/> RegROUT/RecAulk <input type="checkbox"/>	Unsecured <input type="checkbox"/> Cult./Marble <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	Fiberglass <input checked="" type="checkbox"/> Crack <input type="checkbox"/>	No Visible Damage Noted Plastic <input type="checkbox"/> Worn <input type="checkbox"/>	
<b>JETTED TUB</b>	GFCI Protected <input type="checkbox"/>	Not Tested <input type="checkbox"/> Motor Access <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Not Applicable Leak <input type="checkbox"/>	
<b>FAUCET/SHOWER HEAD</b>	Sticks/Clogged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Operational Leak <input type="checkbox"/>	
<b>SHOWER ENCLOSURE</b>	Ceramic <input type="checkbox"/> RegROUT/RecAulk <input type="checkbox"/>	Unsecured <input type="checkbox"/> Cult./Marble <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	Fiberglass <input type="checkbox"/> Scratch <input type="checkbox"/>	Not Applicable Plastic <input type="checkbox"/> Worn <input type="checkbox"/>	
<b>FAUCET/SHOWER HEAD</b>	Sticks/Clogged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Not Applicable Leak <input type="checkbox"/>	
<b>HEAT SOURCE</b>	Air Register <input type="checkbox"/>	None <input type="checkbox"/> Convector/Radiator <input type="checkbox"/>	Thermostat <input checked="" type="checkbox"/>	Electric <input checked="" type="checkbox"/> Radiant <input type="checkbox"/>	

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**BATHROOM**

<b>LOCATION</b>	Basement <input checked="" type="checkbox"/>	1st Floor <input type="checkbox"/>	2nd Floor <input type="checkbox"/>	3rd Floor <input type="checkbox"/>	Other <input type="checkbox"/>
<b>WATER FLOW</b>	Normal <input checked="" type="checkbox"/>	Suspect <input type="checkbox"/>	Low <input type="checkbox"/>		
<b>FLOOR</b>	Worn <input type="checkbox"/> Carpet <input type="checkbox"/>	Crack/Stain <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/>	No Visible Damage Noted Wood/Lam. <input type="checkbox"/>	Ceramic <input type="checkbox"/>	
<b>WALL</b>	Patched <input type="checkbox"/> Drywall <input checked="" type="checkbox"/>	Crack/Stain <input type="checkbox"/> Brk/Blk/Stone <input type="checkbox"/>	No Visible Damage Noted Wood/WP. <input type="checkbox"/>	Ceramic <input type="checkbox"/>	
<b>CEILING</b>	Patched <input type="checkbox"/> Drywall/Plaster <input type="checkbox"/>	Crack/Stain <input type="checkbox"/> Stip/Acoustic/WP. <input type="checkbox"/>	No Visible Damage Noted Wood <input type="checkbox"/>	Tile <input checked="" type="checkbox"/>	
<b>WINDOW</b>	Bind <input type="checkbox"/> Single/Dbl. Hung <input type="checkbox"/> Ther/Fix/Sng <input type="checkbox"/> Damaged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Cas./Awning <input type="checkbox"/> Alum./Metal <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/> Vinyl/V.Cl <input type="checkbox"/> Stain/Rot <input type="checkbox"/>	Not Applicable Bay/Bow <input type="checkbox"/> Wd./Vnyl/Fx <input type="checkbox"/> Repaint <input type="checkbox"/>	
<b>DOOR</b>	Bind <input type="checkbox"/> Pocket <input type="checkbox"/>	Damaged <input type="checkbox"/> Hinged <input checked="" type="checkbox"/>	Operational Wood <input checked="" type="checkbox"/>	Composite <input type="checkbox"/>	
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Operational		
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>	Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>EXHAUST FAN</b>	Advise Installation <input type="checkbox"/>	Operational			
<b>SINK</b>	Worn <input type="checkbox"/>	Chip/Scratch <input type="checkbox"/>	No Visible Damage Noted		
<b>FAUCET</b>	Sticks <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>TRAP/DRAIN</b>	Improper Trap <input type="checkbox"/>	Slow Drain <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>VANITY</b>	Worn <input type="checkbox"/> Laminate <input type="checkbox"/> Scratch <input type="checkbox"/>	Unsecured <input type="checkbox"/> Plywood <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	No Visible Damage Noted Wood <input checked="" type="checkbox"/> Missing/Loose Hardware <input type="checkbox"/>	Metal <input type="checkbox"/>	
<b>COUNTER</b>	Solid Surface <input checked="" type="checkbox"/> RegROUT/RecAulk <input type="checkbox"/>	Unsecured <input type="checkbox"/> Mrl./Granite <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	No Visible Damage Noted Laminate <input type="checkbox"/> Scratch <input type="checkbox"/>	Ceramic <input type="checkbox"/> Worn <input type="checkbox"/>	
<b>TOILET</b>	Tank Loose <input type="checkbox"/>	No Shut-Off <input type="checkbox"/> Unsecured <input type="checkbox"/>	Crack <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>TUB / ENCLOSURE</b>	Ceramic <input type="checkbox"/> RegROUT/RecAulk <input type="checkbox"/>	Unsecured <input type="checkbox"/> Cult./Marble <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	Fiberglass <input type="checkbox"/> Crack <input type="checkbox"/>	Plastic <input type="checkbox"/> Worn <input type="checkbox"/>	
<b>JETTED TUB</b>	GFCI Protected <input type="checkbox"/>	Not Tested <input type="checkbox"/> Motor Access <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>FAUCET/SHOWER HEAD</b>	Sticks/Clogged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>SHOWER ENCLOSURE</b>	Ceramic <input type="checkbox"/> RegROUT/RecAulk <input type="checkbox"/>	Unsecured <input type="checkbox"/> Cult./Marble <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	Fiberglass <input checked="" type="checkbox"/> Scratch <input type="checkbox"/>	Plastic <input type="checkbox"/> Worn <input type="checkbox"/>	
<b>FAUCET/SHOWER HEAD</b>	Sticks/Clogged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
<b>HEAT SOURCE</b>	Air Register <input type="checkbox"/>	None <input type="checkbox"/> Convector/Radiator <input type="checkbox"/>	Thermostat <input checked="" type="checkbox"/> Radiant <input type="checkbox"/>	Electric <input checked="" type="checkbox"/>	

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**KITCHEN**

<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Carpet <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Laminate <input checked="" type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Brk/Blk/Stone <input type="checkbox"/>	Wallpaper <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Stip/Acoust/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Operational</b>	
	Single/Dbt. Hung <input type="checkbox"/>	Casement <input checked="" type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Thermal <input checked="" type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl Clad <input checked="" type="checkbox"/>	Wd./Vnyl/Fx <input type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Composite <input type="checkbox"/>
<b>PATIO DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Sliding <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Metal/Vinyl <input type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>SINK</b>	Worn <input type="checkbox"/>	Chip/Scratch <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Single <input type="checkbox"/>	Double <input checked="" type="checkbox"/>	Stainless <input type="checkbox"/>	Solid <input checked="" type="checkbox"/>
<b>FAUCET</b>	No Shut-Off Valve <input type="checkbox"/>		<b>Operational</b>	
	Sticks <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>
<b>TRAP/DRAIN</b>	Unsecured <input type="checkbox"/>		<b>No Visible Damage Noted</b>	
	Improper Trap <input type="checkbox"/>	Slow Drain <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>
<b>COUNTER</b>	Unsecured <input type="checkbox"/>		<b>No Visible Damage Noted</b>	
	Ceramic <input type="checkbox"/>	Marble/Granite <input type="checkbox"/>	Laminate <input type="checkbox"/>	Solid Surf. <input checked="" type="checkbox"/>
	RegROUT/Recaulk <input type="checkbox"/>	Mildew/Stain <input type="checkbox"/>	Scratch <input type="checkbox"/>	Worn <input type="checkbox"/>
<b>CABINET</b>	Worn <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Laminate <input type="checkbox"/>	Plywood <input type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Metal <input type="checkbox"/>
	Miss/Loose Hdwr <input type="checkbox"/>	Mildew/Stain <input type="checkbox"/>	Scratch <input type="checkbox"/>	Other <input type="checkbox"/>
<b>RANGE HOOD</b>	Cooktop Exhaust <input type="checkbox"/>		<b>Operational</b>	
	Corrosion <input type="checkbox"/>	No Exhaust <input type="checkbox"/>	No Light <input type="checkbox"/>	Noisy <input type="checkbox"/>
<b>EXHAUST VENT</b>	Unsecured <input type="checkbox"/>		Ductless <input checked="" type="checkbox"/>	Concealed <input type="checkbox"/>
	With Other Exhaust <input type="checkbox"/>	To Attic <input type="checkbox"/>	Improper <input type="checkbox"/>	To Exterior <input type="checkbox"/>
<b>FILTER</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Damaged <input type="checkbox"/>	Greasy <input type="checkbox"/>
<b>MAJOR APPLIANCES (Built In)</b>				
<b>DISHWASHER</b>				<b>Operational</b>
<b>GARBAGE DISPOSAL</b>				<b>Operational</b>
<b>STOVE/OVEN/RANGE</b>				<b>Operational</b>
<b>REFRIGERATOR</b>				<b>Operational</b>
<b>MICROWAVE</b>				<b>Operational</b>
	Tested On/Off <input type="checkbox"/>		Did Not Check All Functions/Full Cycle <input type="checkbox"/>	
<b>HEAT SOURCE</b>	None <input type="checkbox"/>	Thermost <input type="checkbox"/>	Electric <input checked="" type="checkbox"/>	
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	Radiant <input type="checkbox"/>	

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## FOYER / HALLWAY / STAIRWAY

<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Carpet <input checked="" type="checkbox"/>	Vinyl <input type="checkbox"/>	Laminate <input checked="" type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Brk/Blk/Stone <input type="checkbox"/>	Wood <input type="checkbox"/>	Wallpaper <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Stip/Acous/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Not Applicable</b>	
	Single/Dbt. Hung <input type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Ther/Fix/Sng <input type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl/V.Cld <input type="checkbox"/>	Wd./Vnyl/Fxd <input type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Switched <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>CLOSET/DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Light <input type="checkbox"/>	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input type="checkbox"/>	Sliding <input checked="" type="checkbox"/>
<b>STAIRWAY</b>	Unsecured <input type="checkbox"/>		<b>Not Applicable</b>	
	Carpet <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood <input type="checkbox"/>	Worn <input type="checkbox"/>
				Trip Hazard <input type="checkbox"/>
<b>RAILING</b>	Unsecured <input type="checkbox"/>		<b>Not Applicable</b>	
	Metal <input type="checkbox"/>	Wood <input type="checkbox"/>	Incomplete <input type="checkbox"/>	None <input type="checkbox"/>
<b>FRONT DOOR</b>	Damaged <input type="checkbox"/>		<b>Operational</b>	
	Bind <input type="checkbox"/>	Metal Clad <input checked="" type="checkbox"/>	Wood <input type="checkbox"/>	Dead Bolt <input type="checkbox"/>
	Replace Sill/Trim <input type="checkbox"/>	Weather Seal <input type="checkbox"/>	Split/Dent <input type="checkbox"/>	Worn <input type="checkbox"/>
<b>SIDELIGHT</b>	Loose <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>Not Applicable</b>	



Pillar To Post

## FAMILY / RECREATION ROOM

<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Carpet <input checked="" type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood/Lam <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall <input type="checkbox"/>	Brk/Blk/Stone <input type="checkbox"/>	Wood <input type="checkbox"/>	Wallpaper <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input type="checkbox"/>	Stip/Acous/ <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input checked="" type="checkbox"/>
<b>WINDOW</b>	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Operational</b>	
	Single/Dbt. Hung <input type="checkbox"/>	Awning <input checked="" type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Ther/Fix/Sng <input type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl/V.Cld <input type="checkbox"/>	Wood <input checked="" type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	French <input type="checkbox"/>
<b>PATIO DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Sliding <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Metal/Vinyl <input type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Switched <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>HEAT SOURCE</b>	None <input type="checkbox"/>		Thermostat <input checked="" type="checkbox"/>	Electric <input checked="" type="checkbox"/>
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>		Radiant <input type="checkbox"/>

Tel.# (814) 583-5041



Pillar To Post

8/17/2007 1:15:42 PM

Sec.10 Lot 5 Treasure Lake, DuBois, Pennsylvania 15801

## LIVING ROOM

<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Carpet <input checked="" type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood/Lam. <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Brk/Bik/Stone <input type="checkbox"/>	Wood <input type="checkbox"/>	Wallpaper <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Stip/Acous/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Not Applicable</b>	
	Single/Dbl. Hung <input type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Ther/Fix/Sng <input type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl/V. Clad <input type="checkbox"/>	Wd./Vnyl/Fxd <input type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	French <input type="checkbox"/>
<b>PATIO DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Sliding <input checked="" type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Vinyl <input checked="" type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Switched <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>HEAT SOURCE</b>	None <input type="checkbox"/>		Thermostat <input checked="" type="checkbox"/>	Electric <input checked="" type="checkbox"/>
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	Radiant <input type="checkbox"/>	



Pillar To Post

## DINING ROOM

<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Carpet <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Laminate <input checked="" type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Brk/Bik/Stone <input type="checkbox"/>	Wood <input type="checkbox"/>	Wallpaper <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Stip/Acous/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Operational</b>	
	Single/Dbl. Hung <input type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bow <input checked="" type="checkbox"/>
	Thermal <input checked="" type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl Clad <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	French <input type="checkbox"/>
<b>PATIO DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Sliding <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Metal/Vinyl <input type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Switched <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>HEAT SOURCE</b>	None <input type="checkbox"/>		Thermostat <input checked="" type="checkbox"/>	Electric <input checked="" type="checkbox"/>
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	Radiant <input type="checkbox"/>	

Tel.# (814) 583-5041

**Master****BEDROOM**

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<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Carpet <input checked="" type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood/Lam <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Uneven <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Brk/Blk/Stn/ <input type="checkbox"/>	Wood/WP. <input type="checkbox"/>	Composite <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Stip/Acous/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bounds <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Operational</b>	
	Double Hung <input checked="" type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Ther/Fix/Sng <input type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl Clad <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bounds <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Composite <input type="checkbox"/>
<b>PATIO/DOOR</b>	Bounds <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Sliding <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Metal/Vinyl <input type="checkbox"/>
<b>CLOSET/DOOR</b>	Bounds <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Light <input checked="" type="checkbox"/>	Hinged <input checked="" type="checkbox"/>	Bi-Fold <input type="checkbox"/>	Sliding <input type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Switched <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>HEAT SOURCE</b>	None <input type="checkbox"/>	Thermostat <input checked="" type="checkbox"/>	<b>Electric</b> <input checked="" type="checkbox"/>	
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	<b>Radiant</b> <input type="checkbox"/>	

**Front Corner****BEDROOM**

<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Carpet <input checked="" type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood/Lam <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Uneven <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Brk/Blk/Stn/ <input type="checkbox"/>	Wood/WP. <input type="checkbox"/>	Composite <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Stip/Acous/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bounds <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Operational</b>	
	Double Hung <input checked="" type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Thermal <input checked="" type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl Clad <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bounds <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Composite <input type="checkbox"/>
<b>PATIO/DOOR</b>	Bounds <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Sliding <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Metal/Vinyl <input type="checkbox"/>
<b>CLOSET/DOOR</b>	Bounds <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Light <input type="checkbox"/>	Hinged <input type="checkbox"/>	Bi-Fold <input type="checkbox"/>	Sliding <input checked="" type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Switched <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>HEAT SOURCE</b>	None <input type="checkbox"/>	Thermostat <input checked="" type="checkbox"/>	<b>Electric</b> <input checked="" type="checkbox"/>	
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	<b>Radiant</b> <input type="checkbox"/>	

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## Front - Middle

## BEDROOM

Sec.10 Lot 5 Treasure Lake, DuBois, Pennsylvania 15801

<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Carpets <input checked="" type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood/Lam <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Uneven <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Brk/Blk/Stn/ <input type="checkbox"/>	Wood/WP. <input type="checkbox"/>	Composite <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>No Visible Damage Noted</b>	
	Drywall/Plaster <input checked="" type="checkbox"/>	Stip/Acous/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Operational</b>	
	Double Hung <input checked="" type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Thermal <input checked="" type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl Clad <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Composite <input type="checkbox"/>
<b>PATIO/DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Sliding <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Metal/Vinyl <input type="checkbox"/>
<b>CLOSET/DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Operational</b>	
	Light <input checked="" type="checkbox"/>	Hinged <input type="checkbox"/>	Bi-Fold <input type="checkbox"/>	Sliding <input checked="" type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Operational</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Operational</b>	
	Switched <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>HEAT SOURCE</b>	None <input type="checkbox"/>	Thermostat <input checked="" type="checkbox"/>	<b>Electric</b> <input checked="" type="checkbox"/>	
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	<b>Radiant</b> <input type="checkbox"/>	



N/A

## BEDROOM

<b>FLOOR</b>	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>Not Applicable</b>	
	Carpets <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood/Lam <input type="checkbox"/>	Ceramic <input type="checkbox"/>
<b>WALL</b>	Uneven <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>Not Applicable</b>	
	Drywall/Plaster <input type="checkbox"/>	Brk/Blk/Stn/ <input type="checkbox"/>	Wood/WP. <input type="checkbox"/>	Composite <input type="checkbox"/>
<b>CEILING</b>	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	<b>Not Applicable</b>	
	Drywall/Plaster <input type="checkbox"/>	Stip/Acous/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>
<b>WINDOW</b>	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	<b>Not Applicable</b>	
	Single/Dbl. Hung <input type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Ther/Fix/Sng <input type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl/V.Cld <input type="checkbox"/>	Wd./Vnyl/Fxd <input type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
<b>DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Composite <input type="checkbox"/>
<b>PATIO/DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Sliding <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Metal/Vinyl <input type="checkbox"/>
<b>CLOSET/DOOR</b>	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	<b>Not Applicable</b>	
	Light <input type="checkbox"/>	Hinged <input type="checkbox"/>	Bi-Fold <input type="checkbox"/>	Sliding <input type="checkbox"/>
<b>LIGHTING</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>CEILING FAN</b>	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	<b>Not Applicable</b>	
<b>RECEPTACLE</b>	Damaged/No Cover <input type="checkbox"/>		<b>Not Applicable</b>	
	Switched <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
<b>HEAT SOURCE</b>	None <input type="checkbox"/>	Thermostat <input type="checkbox"/>	<b>Electric</b> <input type="checkbox"/>	
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	<b>Radiant</b> <input type="checkbox"/>	



The following limitations pertain to your report as marked.

- ☐ **Snow Cover/Obstruction** – Areas in report noted as “not visible” have not been inspected because of snow cover or other obstruction impeding a visual inspection.
- ☒ **Occupied Home** – The home is occupied by seller/tenant with their personal belongings and furniture which may limit some areas to inspect.
- ☐ **Skylight** – Skylights are an excellent source of light to dwellings, but frequently have condensation problems and are always a risk for potential future water leaks because flashings require regular ongoing maintenance by an experienced roofer.
- ☐ **Solarium** – Solariums in most cases are installed as an addition to the main structure to necessitate additional living space. They are high maintenance and most often have condensation problems which can be controlled but never eliminated. Expect a need for frequent re-glazing of panes and/or replacement of thermal units as this structure ages and deteriorates. Also, with dramatic seasonal changes in temperature, it is difficult to control the interior climate of this part of the dwelling.
- ☐ **Built Up Roofs** – This roof is constructed of a built-up membrane that is essentially hidden from view. As such, it is difficult to inspect fully without destructive testing which is beyond the scope of the inspection. This inspection is limited to reviewing and describing the roof system and does not guarantee or warranty now or in the future that the roof will not leak.
- ☒ **Finished Basements** – The finishing of the basement prevents visual inspection of foundation walls, floors, mechanical and structural components. ☒ Normal ☐ High moisture readings were found at time of inspection. Despite these tests results, a dry basement at this time or at any time in the future is not guaranteed.
- ☐ **Circuit Sizing** – The Inspector is required to address the compatibility of conductors and overcurrent devices. In some instances, general trade procedures include over-sizing overcurrent devices to guard against nuisance (e.g. air conditioning units, dryers). The Inspector is not required to evaluate such general trade procedures, but to inform you of incompatibility.
- ☐ **Standard and Mid - Efficiency Furnace** - Only a limited section of the heat exchanger could be viewed with a light and mirror. Dismantling the furnace to thoroughly inspect the heat exchanger is beyond the scope of this inspection. You are advised to obtain the services of a qualified gas fitter/technician to perform a complete inspection of your furnace prior to the start of the heating season.
- ☐ **High-Efficiency Furnace** – No part of the exchanger or the burner area could be viewed. Dismantling the furnace to thoroughly inspect the heat exchanger is beyond the scope of this inspection. You are advised to obtain the services of a qualified gas fitter/technician to perform a complete inspection of your furnace prior to the start of the heating season.
- ☒ **Chimney** – The interior of chimneys and their flue liners are not visible on our visual inspection. You are advised to obtain the services of a qualified chimneysweeper or other qualified personnel to perform a complete inspection and tune up of your fireplace/stove prior to using the appliance.
- ☐ **Heat Pumps** – Heat pumps are complex systems that require frequent maintenance and repair costs once they reach the age of five to ten years or more. Only qualified technicians can properly inspect all the cycles of these units because it is technically exhaustive and beyond the scope of this visual inspection. At this time the ☐ heating ☐ cooling cycle could not be checked due to seasonal temperature limitations. Heat pumps are not a practical source of heating when temperatures fall below 32° F
- ☐ **Septic System and/or Well** – Have not been inspected. Both the septic system and the quality/quantity of the well water supply are beyond the scope of this inspection. Obtain the services of a qualified technician to perform a complete evaluation of your septic tank and leaching field and/or well water quality and recharge rate.
- ☐ **Common Areas** – In general, the Inspector is not required to review or assess common areas in multi-unit developments. Attached common areas may include roads, paths, landscaping, integral roofs and wall systems. As a matter of courtesy, the Inspector will provide a general overview of what you should consider with respect to these areas. This may include evaluation of roof and external building attachments that may affect you via future additional service fees.
- ☐ **Vintage Homes** – (homes built prior to 1950) – Character homes have inherent defects because they were built without the benefit of the standardized Building Codes. You must keep in mind that the defects noted throughout this report are typical of such dwellings because of normal wear and tear throughout the years. Often, maintenance repairs are ongoing and done based on your budget. If you tried to repair or improve all at once, costs could become high to the point where it is not practical or affordable to you at this time. Repairs or improvements which you would like to repair in the immediate future or have been advised to do, should be quoted prior to purchase by qualified contractors for costs and methods of repair.

4. Report of Reed's Chimney & Aire Duct Cleaning

dated April 22, 2009

5. Inspection Report of High Top Chimney dated August 21, 2007

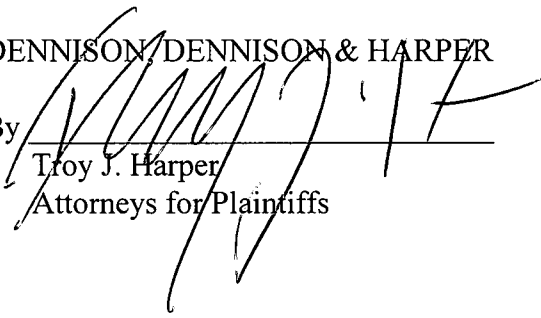
6. Estimate from High Top Chimney

7. Inspection Report from Pillar to Post dated August 17, 2007

RESPECTFULLY SUBMITTED,

DENNISON, DENNISON & HARPER

By

  
\_\_\_\_\_  
Troy J. Harper  
Attorneys for Plaintiffs

**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of the foregoing Notice of Intent to Introduce Documents Pursuant to Pa.R.C.P. 1305 was served on the 7<sup>th</sup> day of December, 2009 by United States Mail, First Class, Postage Prepaid, addressed to the following:

Jay P. Lundy, Esq.  
Lukehart & Lundy  
219 East Union Street  
P.O. Box 74  
Punxsutawney, Pennsylvania 15767

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Plaintiffs



CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

ROBERT M. GRIGGS and WENDY J.  
GRIGGS

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY

No. 08-2019-CD

**FILED**

DEC 15 2009

0 7:30

William A. Shaw  
Prothonotary/Clerk of Courts

5 sent to C/A

**ORDER**

NOW, this 15<sup>th</sup> day of December, 2009, it is the ORDER of the Court that the above-captioned matter is scheduled for Arbitration on **Thursday, January 7, 2010 at 9:00 A.M.** in the Conference/Hearing Room No. 3, 2<sup>nd</sup> Floor, Clearfield County Courthouse, Clearfield, PA. The following have been appointed as Arbitrators:

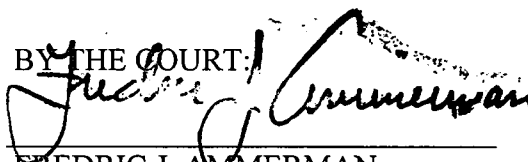
Andrew P. Gates, Esquire, Chairman

Michael S. Marshall, Esquire

Frederick M. Neiswender, Esquire

Pursuant to Local Rule 1306A, you must submit your Pre-Trial Statement seven (7) days prior to the scheduled Arbitration. **The original should be forwarded to the Court Administrator's Office and copies to opposing counsel and each member of the Board of Arbitrators.** For your convenience, a Pre-Trial (Arbitration) Memorandum Instruction Form is enclosed as well as a copy of said Local Rule of Court.

BY THE COURT:



FREDRIC J. AMMERMAN  
President Judge

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

ROBERT M. GRIGGS and WENDY J.  
GRIGGS,

Plaintiffs,

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,  
Defendant.

CIVIL ACTION - LAW

Number 08 - 2019, C. D.

Type of Case: Civil Division

Type of Pleading: Praeipce to Discontinue  
An Action

Filed on Behalf of: Plaintiffs

Counsel of Record for this Party:  
Troy J. Harper

Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

FILED *ICC & 1 Cert*  
*m/10:23 am of disc issued*  
JAN 22 2010 to *Att*

*S*  
William A. Shaw *(Signature)* *Harper*  
Prothonotary/Clerk of Courts *copy to CIA*

ROBERT M. GRIGGS and WENDY  
J. GRIGGS,  
Plaintiffs,

vs.

A. KEITH SMITH, individually and  
t/d/b/a HIGH TOP CHIMNEY,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\* Civil Action - Law

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\* Number 08 - 2019 C. D.

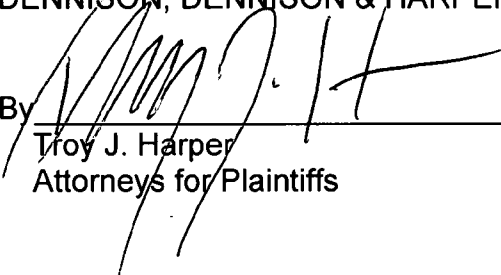
PRAECIPE TO DISCONTINUE AN ACTION

TO THE PROTHONOTARY:

You are hereby directed to mark the above captioned action "settled, discontinued  
and ended."

DENNISON, DENNISON & HARPER

By

  
\_\_\_\_\_  
Troy J. Harper  
Attorneys for Plaintiffs

**IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PENNSYLVANIA**

**CIVIL DIVISION**

**Robert M. Griggs  
Wendy J. Griggs**

**Vs.**

**No. 2008-02019-CD**

**A. Keith Smith  
High Top Chimney**

**CERTIFICATE OF DISCONTINUATION**

Commonwealth of PA  
County of Clearfield

I, William A. Shaw, Prothonotary of the Court of Common Pleas in and for the County and Commonwealth aforesaid do hereby certify that the above case was on January 22, 2010, marked:

Settled, discontinued and ended

Record costs in the sum of \$115.00 have been paid in full by Troy J. Harper Esq.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 22nd day of January A.D. 2010.



*lm*

William A. Shaw, Prothonotary