



**Thoreyon Enterprises LLC DBA
National Property Inspections**



Tuesday, March 11, 2025

Inspector

David Schilling, CPI

734-727-3662

david.schilling@npiinspect.com

Inspection Date:
03/11/2025

Inspector: David Schilling, CPI
Inspector Phone: 734-727-3662

Email: david.schilling@npiinspect.com



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GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

Property Occupied : Yes	Temperature : 55 F
Estimated Age Of Property : 75 Year(s)	Weather :
Property Faces : <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	<input checked="" type="checkbox"/> Sunny
Type of Property :	Soil Conditions :
<input checked="" type="checkbox"/> Single-Family	<input checked="" type="checkbox"/> Dry
Primary Construction :	Persons Present :
<input checked="" type="checkbox"/> Wood	<input checked="" type="checkbox"/> Owner's Representative

DEFINITIONS :

Below are listed the definitions used throughout the report to describe each feature of the property.

ACC (ACCEPTABLE)	The item/system was performing its intended function at the time of the inspection.
MAR (MARGINAL)	The item/system was marginally acceptable. It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.
NI (NOT INSPECTED)	The item/system was not inspected due to safety concerns, inaccessibility and/or concealment or seasonal conditions and no representations of whether or not it was functioning as intended were made.
NP (NOT PRESENT)	The item/system does not exist or was visually concealed at the time of the inspection.
DEF (DEFICIENT)	The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

SCOPE OF THE INSPECTION :

We wish to remind you that every property requires a certain amount of ongoing maintenance: drains sometimes clog, gutters, downspouts and the grading around the property must be properly maintained to help prevent water intrusion in to the basement or crawlspace; roofs, furnaces, air conditioners and other components require regular maintenance and inspection. This property will be no exception and we strongly suggest that you both expect and budget for regular maintenance/repairs.

The following report is based on visual inspection of the readily accessible areas of this property and on a random sampling of like items, not every item was or could be inspected. Please read the entire report carefully, ask your inspector any questions you might have and obtain estimates or discuss noted items with a contractor before closing.

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Summary

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

1 WALKS / STEPS

MARGINAL

Wood steps leading from the driveway to the front and rear of the property were deteriorating and overgrown with vegetation recommend clearing out the vegetation and re laying the steps

2 PORCHES / STOOPS

MARGINAL

Deterioration was observed at some of the floor boards.

3 DECKS / BALCONY

MARGINAL

Rear deck showed some deterioration of the wood. There were holes present and deck was covered in vegetation recommend repairing the wood and clearing the deck and resealing. Sliding doors to sun room were deteriorated and glass has slipped down due to degradation of the wood frame leaving a gap in the top of the door.

4 FLASHING/VALLEYS

DEFICIENT

There were many areas where the flashing had deteriorated and there were holes present that could be a conducive condition for water intrusion and rodent and pest entry. There were areas where the wood Ridge board and fascia had deteriorated. Recommend repair to prevent further damage and intrusion

5 SKYLIGHTS

MARGINAL

Flashing around the skylights could be causing some water intrusion. Recommend resealing and caulking to prevent further intrusion. Thermal Imaging shows possible moisture intrusion. This could be due to loose flashing or leak in the skylight.

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6 GUTTERS/DOWN SPOUTS

MARGINAL

Gutters were in acceptable condition at the time of the inspection. Leaf covers were present. Downspout coming off the 2nd floor roof in the front has become detached. Some of the downspout we're missing extensions or had crushed extensions. Recommend repairing to prevent water intrusion into the foundation.

7 CHIMNEY

MARGINAL

There are two chimneys. The chimney off the dining room appears to have been sealed off and was in acceptable condition at the time of the inspection. The chimney connected to the living room showed some signs of deterioration. Recommend repointing and tucking the mortar in the chimney

8 EXTERIOR SURFACE

Siding/Trim

MARGINAL

There were areas of the siding that had become deteriorated and degraded. This condition could lead to water intrusion and pest intrusion. Recommend repairing damaged siding to prevent further degradation.

9 EXTERIOR DOORS

DEFICIENT

Sliding doors off the rear deck in the sunroom word degraded and deteriorated glass had slid down allowing for a gap in the top of the door. Balcony door off the dining room also had a deteriorated frame which has caused the glass to slide down as well allowing for a gap in the top of the window. Front door and rear laundry room door were in acceptable condition at the time of the inspection.

10 OVERHEAD GARAGE DOORS

MARGINAL

Garage door safety sensor did not operate at the time of the inspection. Additionally garage door did not have and auto reverse.

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11 GARAGE PEDESTRIAN DOOR INTO HOUSE

MARGINAL

Door is not fire safety rated but was acceptable at the time of construction

12 CRAWL SPACE

MARGINAL

Crawl space was not entered due to rodent activity. Space was observed from the opening. Recommend continued treatment to prevent further activity.

13 ELECTRICAL

Sub-Panel

MARGINAL

There were three electrical panels observed during the inspection. Electrical panel in the garage showed signs of rodent activity in the panel and a dead mouse on top of the panel. This is a potential fire hazard. Electrical panel in the kitchen was in acceptable condition at the time of the inspection. Electrical panel in the laundry room was painted shut and unable to be inspected for the wiring. There were no GFI protected outlets in the home. GFI outlets were not standard at the time of construction but recommend adding GFI protected outlets in kitchen and bathrooms. Smoke detectors were present in the home but not tested due to the homeowner being present and sleeping.

14 LAUNDRY FACILITIES

Ceiling

MARGINAL

There was damage/peeling paint on wall and ceiling near the door of the Laundry Room. All components in laundry room were acceptable at time of inspection.

15 KITCHEN

Ceilings

MARGINAL

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

DEFICIENT

Kitchen ceiling showed peeling paint in several areas. There was no evidence of leak or damage at the time of the inspection. Recommend Repainting as needed. Plumbing under the kitchen sink appeared to be galvanized steel. Recommend replacing with PVC pipe. Dishwasher door did not close properly power completely dishwasher was not tested. All other components in the kitchen appeared acceptable at the time of the inspection. Recommend adding GFI protected outlets in the kitchen.

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16 BATHROOM - 2ND FLOOR

Interior Doors/Hardware	MARGINAL
Toilet	MARGINAL
Jetted Tub	DEFICIENT

Toilet flush handle was not connected. Water to bathtub was not turned on. Sink was functional. Door handle was loose.

17 BATHROOM - FULL GUEST BATHROOM

Sink/Faucet	MARGINAL
-------------	----------

Faucets on the right hand sink were leaking when turned on. All other components were acceptable at the time of the inspection

All other components in bathroom appeared to be acceptable at time of inspection.

18 LIVING ROOM ROOM/DINING ROOM

Ceilings	DEFICIENT
----------	-----------

There was evidence of previous damage/leak to the ceiling of the Living Room. Walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly.

19 STAIRS / RAILINGS

MARGINAL

Basement Staircase Railing was loose.

MAR (MARGINAL)

The item/system was marginally acceptable. It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.

DEF (DEFICIENT)

The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.



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GRADING / DRAINAGE

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

Positive Slope

Comments:
Appeared to be a positive slope around all sides of the home.



Grading / Drainage:



Grading / Drainage:



Grading / Drainage:



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Grading / Drainage:

DRIVEWAY

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

Brick

Comments:

Brick driveway was an acceptable condition at the time of the inspection bricks had some Moss growth and some of the bricks had come up recommend relaying the bricks and cleaning the surface



Driveway:



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Driveway:

WALKS / STEPS

Monitor Condition

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

Wood

General Deterioration

Comments:

Wood steps leading from the driveway to the front and rear of the property were deteriorating and overgrown with vegetation recommend clearing out the vegetation and re laying the steps



Walks / Steps:



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Walks / Steps:



Walks / Steps:

PORCHES / STOOPS

Monitor Condition

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

Open

General Deterioration

Comments:

Deterioration was observed at some of the floor boards.



Porches / Stoops:



Porches / Stoops:

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Porches / Stoops:

DECKS / BALCONY

Monitor Condition

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

Wood

Comments:

Rear deck showed some deterioration of the wood. There were holes present and deck was covered in vegetation recommend repairing the wood and clearing the deck and resealing. Sliding doors to sun room were deteriorated and glass has slipped down due to degradation of the wood frame leaving a gap in the top of the door.



Decks / Balcony:



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Decks / Balcony:



Decks / Balcony:



Decks / Balcony:

PATIO

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

Brick

General Deterioration

Comments:

Brick patio was in acceptable condition at the time of the inspection period recommend clearing off some of the Moss and overgrowth between the bricks

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Patio:



Patio:

RETAINING WALLS

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

Rear

Sides

Stone

Comments:

Retaining wall appeared to be functioning as designed and is in good shape at time of inspection.



Retaining Walls:



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Retaining Walls:

ROOFING

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

Age: 10-15 Year(s)

Design Life: 15-20 Year(s)

Layers: 1

200% Visible

Asphalt / Composition

Membrane

Comments:

Architectural asphalt shingles were in acceptable condition at the time of the inspection. Rear membrane roofing was starting to show signs of deterioration. There was Moss growth visible on the north side of the roof and tree overhang and debris on the roof. Recommend trimming the trees to prevent further damage to the shingles

Leaks not always detectable.



Roofing:



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Roofing:



Roofing:



Roofing:



Roofing:

FLASHING/VALLEYS

Recommend Repairs

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

General Deterioration

Comments:

There were many areas where the flashing had deteriorated and there were holes present that could be a conducive condition for water intrusion and rodent and pest entry. There were areas where the wood Ridge board and fascia had deteriorated. Recommend repair to prevent further damage and intrusion

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Flashing/Valleys:



Flashing/Valleys:



Flashing/Valleys:



Flashing/Valleys:



Flashing/Valleys:



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Flashing/Valleys:

SKYLIGHTS

Monitor Condition

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

Fixed / Stationary

Suspected Leak(s)

Comments:

Flashing around the skylights could be causing some water intrusion. Recommend resealing and caulking to prevent further intrusion. Thermal Imaging shows possible moisture intrusion. This could be due to loose flashing or leak in the skylight.



Skylights:



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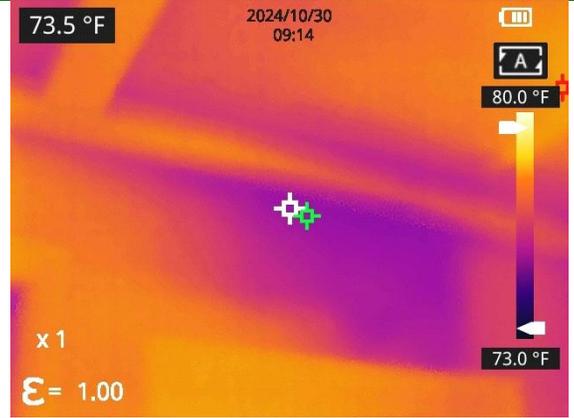
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Skylights:



Skylights: Thermal Imaging shows possible moisture intrusion in Ceiling in Living Room.



Skylights: Area in Living Room of possible moisture intrusion.



Skylights:

GUTTERS/DOWN SPOUTS

Monitor Condition

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

Aluminum

Comments:

Gutters were in acceptable condition at the time of the inspection. Leaf covers were present. Downspout coming off the 2nd floor roof in the front has become detached. Some of the downspout we're missing extensions or had crushed extensions. Recommend repairing to prevent water intrusion into the foundation.

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Gutters/Down Spouts: Missing Downspout extension to divert water away from the foundation.



Gutters/Down Spouts: Missing Downspout extension to divert water away from the foundation.



Gutters/Down Spouts: Gutter has become detached from fascia.



Gutters/Down Spouts: Gutter downspout has become detached.



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Gutters/Down Spouts:

CHIMNEY

Monitor Condition

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

Brick / Masonry

General Deterioration

Comments:

There are two chimneys. The chimney off the dining room appears to have been sealed off and was in acceptable condition at the time of the inspection. The chimney connected to the living room showed some signs of deterioration. Recommend repointing and tucking the mortar in the chimney

Flue not inspected. Annual cleaning is recommended.



Chimney:



Chimney:

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Chimney:



Chimney:

EXTERIOR SURFACE

Monitor Condition

Composite

	ACC	MAR	NI	NP	DEF
SIDING/TRIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR FAUCETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ELECTRICAL OUTLETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR LIGHTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There were areas of the siding that had become deteriorated and degraded. This condition could lead to water intrusion and pest intrusion. Recommend repairing damaged siding to prevent further degradation.



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Exterior Surface:



Exterior Surface:



Exterior Surface:



Exterior Surface:

WINDOWS

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

Metal

Vinyl

Comments:

Windows appeared to be an acceptable condition at the time of the inspection. 2nd floor bathroom window was open at the time of the inspection but was able to be closed when inspected from the interior.



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Windows:



Windows:



Windows:



Windows:



Windows:



Windows:

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Windows:

EXTERIOR DOORS

Recommend Repairs

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

Wood

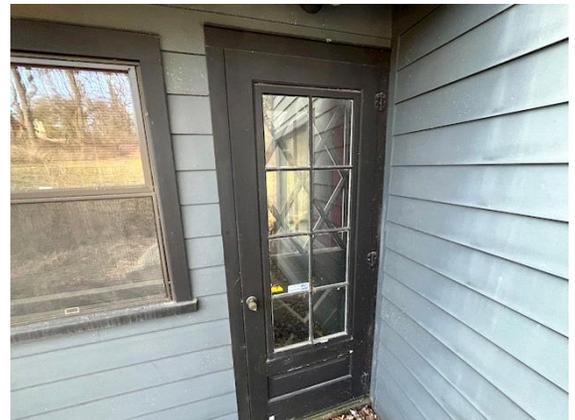
General Deterioration

Comments:

Sliding doors off the rear deck in the sunroom word degraded and deteriorated glass had slid down allowing for a gap in the top of the door. Balcony door off the dining room also had a deteriorated frame which has caused the glass to slide down as well allowing for a gap in the top of the window. Front door and rear laundry room door were in acceptable condition at the time of the inspection.



Exterior Doors:



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Exterior Doors: Balcony Door off Dining Room. Wood Frame is deteriorated and there is a Gap in the door between the Glass and the top of the frame.



Exterior Doors:



Exterior Doors: Balcony Door off Dining Room. Wood Frame is deteriorated and there is a Gap in the door between the Glass and the top of the frame.



Exterior Doors: Balcony Door off Dining Room. Wood Frame is deteriorated and there is a Gap in the door between the Glass and the top of the frame.



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Exterior Doors: Balcony Door off Dining Room. Wood Frame is deteriorated and there is a Gap in the door between the Glass and the top of the frame.



Exterior Doors:

FOUNDATION

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

Concrete Block

Comments:

Exterior concrete block foundation was an acceptable condition at the time of the inspection



Foundation:



Foundation:

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GARAGE/CARPORT

2 Cars Attached

	ACC	MAR	NI	NP	DEF
FLOOR/WALLS/CEILING/ELECTRICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIDING/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Flooring walls and ceiling of the garage were in acceptable condition at the time of the inspection. One of the electrical outlets in the garage showed an open ground.



Garage/Carport:



Garage/Carport:

OVERHEAD GARAGE DOORS

Monitor Condition

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

of Openers: 200

Wood Repair / Adjust Automatic Reverse

Comments:

Garage door safety sensor did not operate at the time of the inspection. Additionally garage door did not have and auto reverse.

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Overhead Garage Doors:



Overhead Garage Doors:



Overhead Garage Doors:

GARAGE PEDESTRIAN DOOR INTO HOUSE

Monitor Condition

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

Non-Fire Rated Assembly

Comments:

Door is not fire safety rated but was acceptable at the time of construction



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Garage Pedestrian Door into House:



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Attic / Roof

Method of Inspection No Access / Limited

ATTIC VENTILATION

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

Gable Soffit Static Vent

Comments:

Ventilation was acceptable at the time of the inspection



Attic Ventilation:

Interior Foundation

Foundation Type Basement Crawl Space

INTERIOR FOUNDATION

Monitor Condition

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

Efflorescence / Suspected Leak(s) Limited Observation

Comments:

Limited observation due to crawl space and owners' belongings. Some evidence of efflorescence and spalling observed. Recommend monitoring for further evidence.

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Interior Foundation:

UNDER FLOOR FRAMING & SUPPORT

Limited Observation

		ACC	MAR	NI	NP	DEF
BEAMS	<input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOISTS	<input checked="" type="checkbox"/> Dimensional Lumber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTS	<input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIERS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Limited observation due to crawl space and rodent activity. Framing appears to be an acceptable condition but there were many areas where the insulation was missing or had fallen from the under flooring.

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Under Floor Framing & Support:



Under Floor Framing & Support:

FLOOR/SLAB

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

Concrete

Comments:

Concrete floor/slab was not completely visible due to floor covering. No readily visible problems were noted.



Floor/Slab:



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CRAWL SPACE

Monitor Condition

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

101% Visible

Limited Access

Comments:

Crawl space was not entered due to rodent activity. Space was observed from the opening. Recommend continued treatment to prevent further activity.



Crawl Space:



Crawl Space:



Crawl Space:



Crawl Space:

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ELECTRICAL

Monitor Condition

SERVICE SIZE (Main Panel)

Brand: Square D

Main Disconnect Location: Kitchen Pantry

120 / 240 Volt (Nominal)

200 AMP

SERVICE SIZE (Sub Panel)

100 AMP

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

Comments:

There were three electrical panels observed during the inspection. Electrical panel in the garage showed signs of rodent activity in the panel and a dead mouse on top of the panel. This is a potential fire hazard. Electrical panel in the kitchen was in acceptable condition at the time of the inspection. Electrical panel in the laundry room was painted shut and unable to be inspected for the wiring. There were no GFI protected outlets in the home. GFI outlets were not standard at the time of construction but recommend adding GFI protected outlets in kitchen and bathrooms. Smoke detectors were present in the home but not tested due to the homeowner being present and sleeping.

**Smoke Detectors / GFCI's checked with test button only. Monthly Test Recommended.*



Electrical:



Electrical:

Inspection Date:
03/11/2025

Inspector: David Schilling, CPI
Inspector Phone: 734-727-3662

Email: david.schilling@npiinspect.com



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Electrical:



Electrical:



Electrical:



Electrical:



Electrical:



Electrical:



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PLUMBING

Water Service

Water Public

Sewage Service

Sewage Public

	ACC	MAR	NI	NP	DEF
SUPPLY <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> CPVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAINS <input checked="" type="checkbox"/> Cast Iron	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTS <input checked="" type="checkbox"/> Cast Iron <input checked="" type="checkbox"/> PVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Plumbing appeared to be an acceptable condition at the time of the inspection. Some galvanized piping was observed which is known to degrade and cause leaks. Recommend replacing with PVC pipe as needed.

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



Plumbing:



Plumbing:

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Plumbing:



Plumbing:



Plumbing:



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WATER HEATER

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

Brand: Bradford White
Design Life: 15-20 Year(s)

Model: RG250T6N
SerialNo: PM40605759

Size: 50 Gallons

Age: 8 Year(s)

Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection. Routine maintenance such as draining the water heater could prolong its lifespan. Always refer to manufactures' specifications before doing any maintenance on your water heater.



Water Heater:

LAUNDRY FACILITIES

Monitor Condition

Location: Laundry room

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

Comments:

There was damage/peeling paint on wall and ceiling near the door of the Laundry Room. All components in laundry room were acceptable at time of inspection.

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Laundry Facilities:



Laundry Facilities:



Laundry Facilities:



Laundry Facilities:

HEATING - FURNACE

Brand: Goodman
Design Life: 15-20 Year(s)

Model: AMS581405DNBC
SerialNo: 1704350608

BTUs: 140000

Age: 8 Year(s)

Gas

Forced Air

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

Comments:

Furnace was clean and running properly at time of inspection. Heat distribution was acceptable with no problems to report.

Inspection Date:
03/11/2025

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Email: david.schilling@npiinspect.com

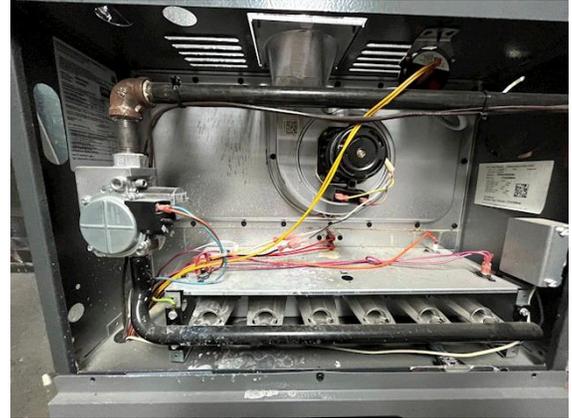


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Heat Exchanger - Unable to detect cracks/holes without dismantling unit.



Heating - Furnace:



Heating - Furnace:

HEATING - BOILER

Brand: Weil-McClain
Design Life: 15-20 Year(s)

Model: CGa-6 PIDN
SerialNo: A414531247890TY

BTUs: -50

Age: 5-10 Year(s)

Gas

Boiler / Hot Water

OPERATION

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

Comments:

Boiler was in acceptable condition at the time of the inspection.

DRAFT CONTROL/VENT

Metal Pipe

PVC

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

Comments:

Furnace and water heater flue were installed properly and adequate clearance's were provided.

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Draft Control/Vent:



Draft Control/Vent:



Draft Control/Vent:

HEATING DISTRIBUTION

Ductwork Radiators

	ACC	MAR	NI	NP	DEF
DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROLS/THERMOSTAT (CALIBRATIONS/TIMED FUNCTIONS NOT CHECKED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

Heat registers were spot tested and were providing conditioned air at time of inspection. Thermostat appeared to operate as designed at time of inspection. Adequate air flow was present. Recommend bi-annual cleaning of furnace and ductwork in order to maintain proper operation and to extend life expectancy of heating unit. Regular filter changing/cleaning is required as a part proper maintenance.



Heating Distribution:

COOLING

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

Brand: Trane
Design Life: 15-20 Year(s)

Model: 4TTR3036H1000NA
SerialNo: 22321Y483F

Size: 3 Ton

Age: 3 Year(s)

Electric

Central Air

Comments:

A/C Condenser is within design life but was not tested due to the outdoor temperature being below 60°F. Recommend keeping the condenser unit free of vegetation.

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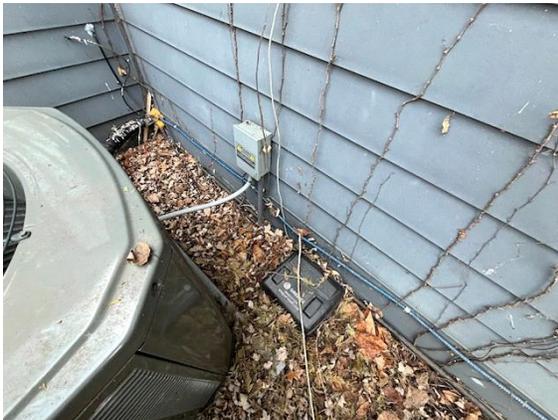
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Cooling:



Cooling:



Cooling:



Cooling:



Cooling:



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KITCHEN

Monitor Condition
 Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE TOP/OVEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISHWASHER/CROSS FLOW PROTECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROWAVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARBAGE DISPOSAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Kitchen ceiling showed peeling paint in several areas. There was no evidence of leak or damage at the time of the inspection. Recommend Repainting as needed. Plumbing under the kitchen sink appeared to be galvanized steel. Recommend replacing with PVC pipe. Dishwasher door did not close properly power completely dishwasher was not tested. All other components in the kitchen appeared acceptable at the time of the inspection. Recommend adding GFI protected outlets in the kitchen.

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Kitchen:



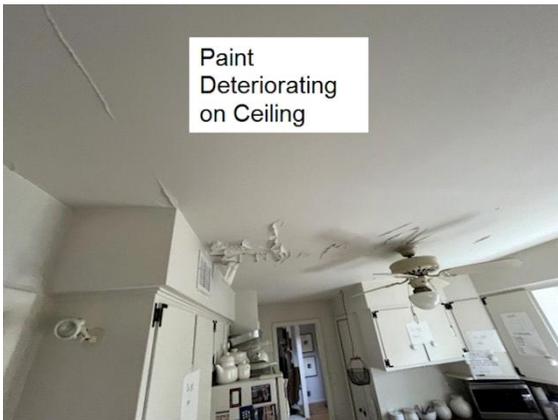
Kitchen:



Kitchen:



Kitchen:



Kitchen:



Kitchen:



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FIREPLACE/STOVE

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

Fireplace Insert Woodburning

Comments:

There are two fireplaces one in the dining room and one in the living room. The dining room fireplace appears to be a gas operated unit but was not tested due to the pilot not being lit. The living room fireplace is a wood burning fireplace and appeared to be in an acceptable condition at the time of the inspection.

Recommend annual cleaning - Fireplace design and soot / creosote buildup, in most cases, prevents view of chimney liner / cracks.



Fireplace/Stove:



Fireplace/Stove:



Fireplace/Stove:



Fireplace/Stove:



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BATHROOM - 2ND FLOOR

Monitor Condition
 Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Toilet flush handle was not connected. Water to bathtub was not turned on. Sink was functional. Door handle was loose.



Bathroom - 2nd Floor: Water turned off in tub



Bathroom - 2nd Floor:

Inspection Date:
03/11/2025

Inspector: David Schilling, CPI
Inspector Phone: 734-727-3662

Email: david.schilling@npiinspect.com



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Bathroom - 2nd Floor: Flush handle disconnected



Bathroom - 2nd Floor:



Bathroom - 2nd Floor: Door Handle Loose



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BATHROOM - HALF BATH KITCHEN

	ACC	MAR	NI	NP	DEF
CEILING(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All components in bathroom appeared to be acceptable at time of inspection.



Bathroom - Half Bath Kitchen:



Bathroom - Half Bath Kitchen:

Inspection Date:
03/11/2025

Inspector: David Schilling, CPI
Inspector Phone: 734-727-3662

Email: david.schilling@npiinspect.com



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Bathroom - Half Bath Kitchen:

BATHROOM - MASTER BATH

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All components in bathroom appeared to be acceptable at time of inspection.

Inspection Date:
03/11/2025

Inspector: David Schilling, CPI
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Bathroom - Master Bath :



Bathroom - Master Bath :



Bathroom - Master Bath :



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BATHROOM - FULL GUEST BATHROOM

Monitor Condition

	ACC	MAR	NI	NP	DEF
CEILING(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Faucets on the right hand sink were leaking when turned on. All other components were acceptable at the time of the inspection

All other components in bathroom appeared to be acceptable at time of inspection.

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Bathroom - Full Guest Bathroom:



Bathroom - Full Guest Bathroom:



Bathroom - Full Guest Bathroom:



Bathroom - Full Guest Bathroom: Faucet Leaking



Bathroom - Full Guest Bathroom:



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LIVING ROOM ROOM/DINING ROOM

Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There was evidence of previous damage/leak to the ceiling of the Living Room. Walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly.



Living Room Room/Dining Room:



Living Room Room/Dining Room:

Inspection Date:
03/11/2025

Inspector: David Schilling, CPI
Inspector Phone: 734-727-3662

Email: david.schilling@npiinspect.com



Thoreyon Enterprises LLC DBA National Property Inspections



Living Room Room/Dining Room:



Living Room Room/Dining Room:

SUN ROOM

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly.
Sliding Doors were addressed in the Exterior Door Section.



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Sun Room:



Sun Room:

BEDROOMS

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly.

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Bedrooms:



Bedrooms:



Bedrooms:



Bedrooms:

HALLWAY/ENTRYWAY

	ACC	MAR	NI	NP	DEF
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

Ceiling and walls were free of cracks. Receptacles and lights appeared to be wired correctly.



Hallway/Entryway:



Hallway/Entryway:



Hallway/Entryway:



Thoreyon Enterprises LLC DBA National Property Inspections

2ND FLOOR ART STUDIO

	ACC	MAR	NI	NP	DEF
CEILING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



2nd Floor Art Studio:



nd Floor Art Studio:



2nd Floor Art Studio:



nd Floor Art Studio:

Inspection Date:
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STAIRS / RAILINGS

Monitor Condition

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

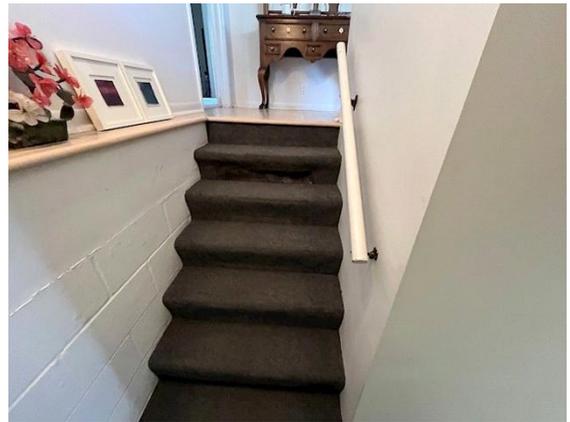
Railing / Handrail Loose

Comments:

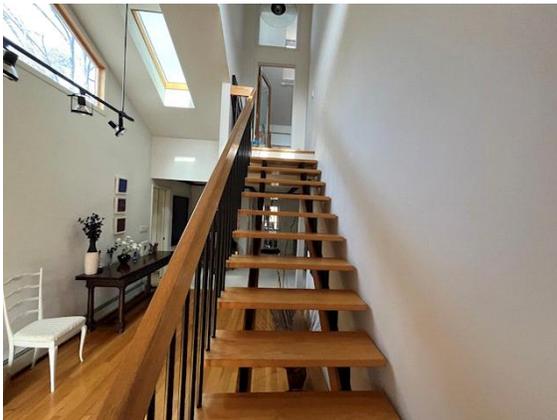
Basement Staircase Railing was loose.



Stairs / Railings: Railing Loose



Stairs / Railings:



Stairs / Railings:



Stairs / Railings:

Inspection Date:
03/11/2025

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Inspector Phone: 734-727-3662

Email: david.schilling@npiinspect.com