ROGER PETTINGELL

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FREQUENTLY ASKED QUESTIONS

					Date: <u>03/24/2021</u>		
Property Address:	3731 INDIAN BEACH PL Community Name: INDIAN B						
HOME • BUILDER • Builder: TRIANGLE CO			Architect	LAUHGLIN'S L	UXURY LIFEST	TYLES	
Year built: 2006							GE: 2006
Type of flooring: wo	_	-		-		•	
Home warranty provi							
Is the property locate							
Dock: ☑ Yes □ No	Boat Lift: ☑ Y	′es □ No	Lift weight limit	16,000 LBS.	Lift a	ge: <u>2006</u>	-
Boating access: ☑Y	∕es □No Bay	access: 🗹	Yes □No Bead	ch access: □Y	∕es ⊠ No Bri	idge: □Yes	☑ No
WINDOWS/SLIDERS	S/FRENCH DO	<u>ORS</u>	Irrigation We	ell: <u>VYES</u>	□NO		
Windows:	Age: <u>2016</u>	Impact: I	☑Yes □No	Storm shutters	s: □Yes ☑N	lo Age:	
Sliders/French Doors	: Age: <u>2016</u>	Impact: I	☑Yes □No	Storm shutters	s: □Yes ☑N	lo Age:	
<u>APPLIANCES</u>							
Refrigerator:	Age: <u>2006</u>	Brand:	SUB-ZERO				
Range/Stove:	Age: N/A	Brand:				⊒Gas □ Elec	tric
Cooktop:	Age: <u>2006</u>	Brand:	KITCHEN AID			Z Gas □Elec	tric
Built-in Oven:	Age: <u>2006</u>		KITCHEN AID (2)				
Microwave:	Age: 2006		KITCHEN AID	A DDAMEDS)			
Dishwasher: Dryer:	Age: <u>2006</u> Age: <u>2006</u>		FISHER PAYKEL (KENMORE ELITE	4 DRAWERS)			
Washer:	Age: <u>2006</u>		KENMORE ELITE				
Water Heater: Water Softener: Air Conditioner(s):	Age: <u>2016</u> Age: <u>2016</u> Age: <u>2021</u>	Brand:		LENNOX (2), CA		ctric □ Tankle	ess
	Number of uni	·	Number of zo	ones: <u>4</u> ICAN	Service	: ☑Yes □No	0
Elevator:	☑Yes □No	Age: <u>2006</u>	Number of st	ops: <u>3</u> Se	rvice Provide	r:	
Generator:	☑Yes □No	Wattage: 3	88KWH Pr	ropane Gas 🛮	Natural Gas	□Dual Fuel	

UTILITIES • AVERAGE Electricity:	<u>GE MONTHL</u> \$ 600.00		<u>OVIDERS</u> er: FPL			
Gas:	\$ 180.00				— ☑Nlatural	□ Propage
Water:	\$ 250.00			RASOTA		Порапе
Cable/Internet:	\$ 230.00		er: FRONTIER		<u> </u>	
SERVICES • AVERA	GE MONTHL	Y COSTS • PR	OVIDERS			
Cleaning:				TRA ROLLINS		
Lawn:				VAREZ LANDSCAPING		
				ED CARP		
			_			•
Swimming Pool	□No Com	munity pool:	Vaa V Na	Pool service: ☑ Yes	ПМо	
·		•		der:		
-				resurfaced? □Yes ☑		
				Spa: ☑ Yes □ No Sp		Z Yes □No
Pool Features: □Hea	t pump □Sc	olar heated 🛛 G	as Chlorin	e ☑ Saltwater □Out	side Bath A	ccess
New pool heater: ☑ Y	es ⊡ No Dat	e: <u>2018</u>	New pool	pump: □Yes □No D	ate:	
INSURANCE						
Elevation Certificate p	orovided? ☑	lYes □No	Declaration pa	age for each policy pro	ovided?	Yes □ No
Hom	eowners: 🗵	lYes □No \$_	16,664.00	Provider: CHUBB		<u> </u>
Wind	l: 🗵			Provider:		
Floor	d: 🗵			Provider: <u>FEMA</u>		
Cont	ents: ☑			Provider: CHUBB		
ASSOCIATIONS						
Homeowner's OR Co	ndo Associat	on: □Yes	⊠No □N	Mandatory Doptional	İ	
		\$				Annually
Association documen	its provided:	□Byla	ws □ Budget		, , _	,
Name of managemen Contact/Phone/Email						
Fee(s) include:		Water/Sewer:		□Yes □No		
		Cable:		□Yes □No		
		Lawn mainten	ance:	□Yes □No		
		Insurance:		□Yes □No		
Additional items inclu	ded with fee(s	s)?				