

Address: 3460 Crape Myrtle Dr.

Pool:

Construction Type: _____

Install Date: _____

Water: Saltwater / Chlorine: _____

Heated: Y / N (Solar / Electric) Install Date: _____

Screen Enclosure: Y / N Install Date: _____

Type of Deck: _____

Dock/Seawall:

Type of Dock: TREX DECKING

Number of Docks: 1

Dock Dimensions and material: 14 x 7

Power at Dock: Y ☒ N ☐ Water at Dock: Y ☒ N ☐

Boat Lift: Y / N Boat Lift lbs: _____

Length of Waterfront: _____

Type of Waterfront: seawall / Rip-rap / None)

Water Extras: _____

Elevator: Y ☒ N ☐ Weight Limit: _____

Date of Last Service: _____

Service Co: _____

Insurance:

Does the owner have Flood Insurance ☒ Y ☐ N

Flood Insurance Required: Y / N

Transferable: Y / N Copy of Declarations Pg Y / N

Flood Ins Amount: (Existing/Proposed) _____

4370.00

Homeowners Ins Amount: (Existing/Proposed) _____

2501.00

Contract Information:

Survey Available: Y ☒ N ☐

Appraisal: Y / N

Elevation Certificate Available: Y ☒ N ☐

County web site? Y / N

Wind Mitigation Available: Y / N - Discounts to note: _____

Addendum:

HOA: Y ☒ N ☐

CDD: Y ☒ N ☐

55+: Y ☒ N ☐

Built Prior 1978: Y ☒ N ☐

Sinkhole: Unknown Repaired, Unrepaired, Other
ssues

Appliances Included:

Fridge ☒ Y ☐ N Purchase Date: 2024

Range ☒ Y ☐ N Purchase Date: _____

Hood Vent ☒ Y ☐ N Purchase Date: _____

Microwave ☒ Y ☐ N Purchase Date: _____

Dishwasher ☒ Y ☐ N Purchase Date: _____

Washer ☒ Y ☐ N Purchase Date: _____

Dryer ☒ Y ☐ N Purchase Date: _____

Fireplace Y ☒ N ☐ (Wood / Gas / Electric)

Generator Y ☒ N ☐ Purchase Date: _____

Garbage Disposal ☒ Y ☐ N

Any additional notes about appliances?

Any furniture staying?

YES FURNISHED (TURN KEY)

Any standard items not staying?

Water Softener: Y ☒ N ☐ Lease / Own

If leased, Water Softener Company & Number

Solar Panels: Y ☒ N ☐ Lease / Own

If leased, Solar Company & Number

Propane Gas: Y ☒ N ☐ Lease / Own

If leased, Propane Company & Number

Utility Information:

Electric: WREC

Avg Electric bill: _____

Water: HCU

Trash: REPUBLIC

Trash pickup days: _____

~~Gas:~~ _____

Internet/Cable Co: Spectrum/WOW

Service Providers:

Lawn: Steven Lawn Care

Pool: _____

Pest Control: PEST PROS.

A/C: JASON AIR.

Property Information:Address: 3460 Crape Myrtle Dr.Hernando Beach FL 34607Bedrooms: 2Bathrooms: 2Half Baths: 0Garage Y / ☒ N Spaces: _____Garage Door Opener: Y / ☒ NKeypad: Y / ☒ N Code _____Carport ☒ Y / ☒ N Spaces: 2

Year Built: _____

Vacant ☒ Y / ☒ N Tenant: Y / ☒ NOwner Occupied Y / ☒ N

SF Living / Total: _____

1392 / 2508Split floorplan ☒ Y / ☒ NFlooring: Vynal & TileLaundry room location: YES / closet by kitchenLot Size: 7500 .17Zoning: R1BWaterfront ☒ Y / ☒ N75 ft**Roof:**Install Date: 11 / 2021Roof Type: ShinglePermitted: ☒ Y / ☒ N Warranty: Y / ☒ NRoofing Company: New Image Roofing FL Inc.**AC:**Install Date: NewerPermitted: Y / ☒ N

Last Serviced: _____

Multiple Units Y / ☒ N☒ Mini Splits / Window Unit / Central X4**Hot Water Heater:**Year: 10 / 2024 installTank or Tankless: ☒ Tankless

Need picture of data sticker including the manufacturer and serial number for insurance quotes

Additional Information:**List Agent:**Listing Agent: Sarah HillContact Phone Number: (352) 670-4455Email address: sarahhillsefl@gmail.comTC Email: teamsarahhillfl@gmail.comTC Phone: (352) 534-7966**Title/Escrow:**Name: Southern Security Title Of The Nature CoastAddress: 1271 Kass Cir., Spring Hill, FL. 34606Phone: (352) 688-9771Contact: Audra ChandlerEmail: AChandler@sstncfl.com**Septic or Sewer:**

Location: _____

Date of Last Pump out: _____

Septic Company: _____

Water: Well or County:

Number of wells: _____

Windows:

Single or Double or Impact: _____

Date of Install: _____

Sliders / French Doors: X2 Family Room

Single or Double or Impact _____

Date of Install: _____

Fence:

Full / Partial / None _____

Type: ChainlinkWho owns it: yes owner**Shed/Storage** ☒ Y / ☒ NNotes: downstairs x2**Security:**Security System: Y / ☒ NRegistered with Security Company Y / ☒ NIntercom: Y / ☒ NCameras: Y / ☒ N NOT INCLUDEDStaying or Going: Y / ☒ N**Misc Items:**Central Vac: Y / ☒ N**Sprinkler System** ☒ Y / ☒ NWorks: Y / ☒ N

Well or County: _____