Commercial Roof Condition Inspection Form

Applicant/Insured Name: LAKE CLARKE (SARDENS HOA Applicat	tion/Policy#:		
Location Address Inspected: 2669 S GAF	DEN DR. Building Nun	nber Inspected: 14		
Date of Inspection: 5/18/2023				
This Roof Condition Inspection Form must be convicted without the dated signature of one of the following Licensed roofing contractor Licensed general contractor Note: This form does not verify windstorm loss	wing appropriately licensed inspectors	nsed professional. The form will not be accepted		
ROOF (Clear photos showing the entire	roof's surface and condition must	be submitted with this form.)		
Primary Roof:				
Covering material: MEMBRANE	If updated (check one):	Overall Condition of Roof:		
Roof age (years): 17		Excellent		
Remaining useful life: 3 YEARS	Full replacement	Good		
Date of last update: 2006	Partial replacement	Fair (explain)		
Roofing Permit Verified:	% of replacement	Poor (explain)		
*Permit Application Date: 8/03/2006				
Visible damage:				
(describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, or punctures, blistering, drainage issues, or bare spots in	Any visible damage /deterioration? Primary roof	Any visible signs of leaks? Primary roof		
gravel, or coating degradation, or cracking	☐ Yes ☐ No	☐ Yes ☐ No		
of asphalt, etc.)	Secondary Roof	Secondary Roof		
	□ Yes □ No	☐ Yes ☐ No		
Secondary Roof:				
Covering material:	If updated (check one):	Overall Condition of Roof:		
Roof age (years):		Excellent		
Remaining useful life:	Full replacement	Good		
Date of last update:	Partial replacement	Fair (explain)		
Roofing Permit Verified:	% of replacement	Poor (explain)		
Comments:				
(Additional Comments Required if Primary o	r Secondary Roof Condition is denote	d as Fair or Poor):		
MEMBRANE ROOFING IS IN GOOD CONDI SIGNIFICANT SIGNS OF DEFECTS.	TION FOR ITS AGE AND THERE WER	E NO		
SIGNIFICANT SIGNS OF DEFECTS.				
This Inspection Form and the information set fort	n in it are provided solely for the purpose o	of verifying that certain structural or physical characteristics		
provided should not be relied upon, or treated as, make a health or safety certification or warranty,	as substitute for specific advice relevant t express or implied, of any kind, and nothin	nstitute legal or professional advice. The information to particular circumstances. The undersigned does not an in this Form shall be construed to impose on the an of any nature to the named insured or to any other person		
All Roof Condition Inspection Forms must be s I certify that the above statements are true a		nsed roofing or general contractor.		
BRIAN BRITO	561-350-0836			
Inspector Name (printed)	Telephone Number			
	GENERAL CONTRACTOR	CGC 1513974 5/18/2023		
Signature of Inspector	License Type	License Number Date		
"Any person who knowingly and with intent containing any false, incomplete, or mislead		surer files a statement of claim or an application		

ROOF CERTIFICATION PICTURES:







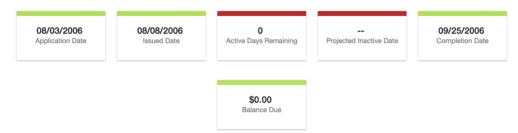






PERMIT:

B-2006-048561-0000 (B06041236) Reroofing - SFD/Duplex - Complete
Further Desc: FLAT DECK,MOD.BITUMEN SYS.GLASPLY IV DYNAGLAS FR UNIT 14



Expand All

Property/Owner						
Property Information						
PCN	Situs Address		Control		Project	
00-43-44-17-52-000- 0000	2669 S Garden Dr, FL USA		0-0		Lake Clarke Gardens	
Owner Information						
PCN	Name	Situs Address		Mailing Address		Email
00-43-44-17-52-000- 0000		2669 S Garden Dr, FL USA	2669 S Garden Dr, FL USA		2981 Florida Mango Rd, Lw, FL 33461 US	