Commercial Roof Condition Inspection Form

Applicant/Insured Name: LAKE CLARKE GARDENS HOA Application/Policy#:					
Location Address Inspected:2682 S GARDEN DR.			Building Number Inspected: _ 16		
Date of Inspection: 5/18	·		. 0		
	e of one of the follo ofing contractor eneral contractor	wing appropriately lice		d 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:	J				•
Covering material:	MEMBRANE	If updated (check one):		Overall Condition of Roof:	
Roof age (years):	24	•		Excellent	
Remaining useful life:	3 YEARS	Full replacement	X	Good	X
Date of last update:	1999	Partial replacement		Fair (explain)	
Roofing Permit Verified:	X *Yes □ No	% of replacement		Poor (explain)	
*Permit Application Date:		·		, , ,	
Visible damage: (describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, or punctures, blistering, drainage issues, or bare spots in gravel, or coating degradation, or cracking of asphalt, etc.) Secondary Roof: Covering material:		Any visible damage /deterioration? Primary roof Yes No Secondary Roof No If updated (check one):		Any visible signs of leaks? Primary roof Yes No Secondary Roof Yes No Overall Condition of Roof:	
Roof age (years):		Full and because		Excellent	
Remaining useful life:		Full replacement		Good	
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified: *Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)	
Comments: (Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor): THE MEMBRANE ROOFING APPEARS IN GOOD CONDITION AND HAS HAD PROFESSIONAL REPAIRS AS PREVENTATIVE MAINTENANCE.					
This Inspection Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other person or entity. All Roof Condition Inspection Forms must be signed and completed by a Florida-licensed roofing or general contractor.					
I certify that the above statements are true and correct.					
BRIAN BRITO		561-350-0836			
Inspector Name (printed)		Telephone Number			
	ζ	GENERAL CONTRA	CTOR C	GC 1513974	5/18/2023
Signature of Inspector		License Type		cense Number	Date
"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application					

ROOF CERTIFICATION PICTURES:





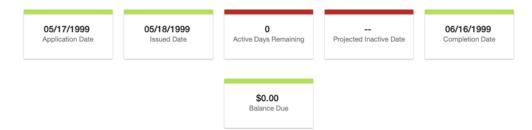






PERMIT:

B-1999-017620-0000 (B99013481) Reroofing - SFD/Duplex - Complete Further Desc: FLAT-SPEC-JOHNS MANVILLE 3PID-SBS-BITUMEN SYSTEM



✔ Property/Owner **Property Information** Situs Address PCN Control Project 00-43-44-17-35-000-1020 2682 S Gardens Dr, FL USA 0-0 Lake Clarke Gardens Owner Information Situs Address Mailing Address 00-43-44-17-35-000-1020 2682 S Gardens Dr, FL USA 2981 Fla Mango Rd, Lake Worth, FL 33461