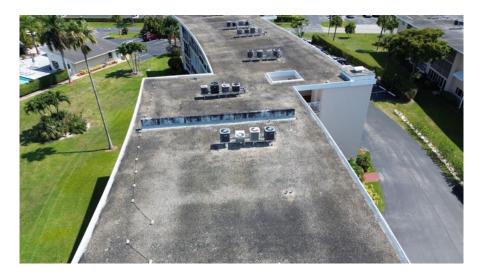
Commercial Roof Condition Inspection Form

Applicant/Insured Name: _	LAKE CLARKE C	BARDENS HOA	Application	on/Policy#:		
Location Address Inspecte	ed: <u>2724 N GAR</u>	DEN DR.	_Building Numb	er Inspected: 7		
Date of Inspection:5/18/	2023					
	of one of the follo fing contractor neral contractor	wing appropriately lice		ed professional. The	form will not be accepted	
ROOF (Clear photos show	•		ndition must b	e submitted with	this form.)	
Primary Roof:	ge ee .	oor o our race and co				
Covering material: MEMBRANE		If updated (check one):		Overall Condition of Roof:		
Roof age (years):	24			Excellent		
Remaining useful life:	3 YEARS	Full replacement	\boxtimes	Good	X	
Date of last update:	1999	. Partial replacement		Fair (explain)		
_	X *Yes □ No			Poor (explain)		
*Permit Application Date:	4/07/1999	·				
Visible damage:	4/07/1000					
(describe; e.g. curling/ lifte missing shingles or tiles, or blistering, drainage issues, gravel, or coating degradat of asphalt, etc.)	punctures, or bare spots in	Any visible damage / Primary roof Yes No Secondary Roof Yes No	deterioration?	Secondary Roof	of leaks? No	
Secondary Roof:						
Covering material:		If updated (check one	e):	Overall Condition	n of Roof:	
Roof age (years):			•	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 Req THE MEMBRANE ROOFIN						
exist at the Location Address I provided should not be relied make a health or safety certifi	isted above and for upon, or treated as, cation or warranty, o which the undersi	no other purpose. It is no as substitute for specific express or implied, of any gned is affiliated any liab	t intended to const advice relevant to kind, and nothing ility or obligation o	titute legal or profession particular circumstance in this Form shall be co if any nature to the nat	es. The undersigned does not onstrued to impose on the med insured or to any other person	
I certify that the above state		-	ly a Florida-licens	ed rooming or genera	r contractor.	
BRIAN BRITO		561-350-0836				
Inspector Name (printed)		Telephone Number	r <u>—</u>			
inspector runne (printed)						
This pector rune (printed)	•	GENERAL CONTRA	ACTOR C	CGC 1513974	5/18/2023	

ROOF CERTIFICATION PICTURES:













PERMIT:

B-1999-012249-0000 (B99009818) Reroofing - SFD/Duplex - Complete Further Desc: FLAT DECK/ALLIED RP 50TC/204SQ'S.



Expand All

Property/Owner						
Property Information						
PCN	Situs Address		Control		Project	
00-43-44-17-51-000- 0000	2724 N Garden Dr, FL USA		0-0		Lake Clarke Gardens	
Owner Information						
PCN	Name	Situs Address	Mailing Address			Email
00-43-44-17-51-000- 0000		2724 N Garden Dr, FL USA		2981 Fla Mango, Lw, FL 33461		