Commercial Roof Condition Inspection Form

Applicant/Insured Name:	LAKE CLARKE C	BARDENS HOA	Applicatio	on/Policy#:		
Location Address Inspec	ted:2721 N GAR	DEN DR.	Building Numb	er Inspected: 6		
Date of Inspection: 5/18	8/2023					
	e of one of the follo pofing contractor eneral contractor	wing appropriately lice		ed professional. The f	orm will not be accepted	
ROOF (Clear photos she	owing the entire (roof's surface and co	ndition must b	e submitted with t	his form.)	
Primary Roof:	owing the entire i	oor 3 Surface and co	marcion masc b	e subilificeu Wich		
Covering material:	MEMBRANE	If updated (check one	e):	Overall Condition	of Roof:	
Roof age (years):	17		•	Excellent		
Remaining useful life:		Full replacement	X	Good	\boxtimes	
Date of last update:	<u>5 YEARS</u> 2019	Partial replacement		Fair (explain)		
Roofing Permit Verified:	X *Yes □ No	% of replacement		Poor (explain)		
*Permit Application Date:		70 of replacement		r our (explain)		
	5/22/2019					
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.)		Any visible damage /deterioration? Primary roof Yes No Secondary Roof Yes No		Any visible signs of leaks? Primary roof Yes No Secondary Roof Yes No		
Secondary Roof:						
Covering material:		If updated (check one	o):	Overall Condition	of Roof:	
Roof age (years):		apaatoa (ao o	.,.	Excellent		
Remaining useful life:		Full replacement		Good		
Date of last update:	-	Partial replacement		Fair (explain)		
Roofing Permit Verified:	□ *Yes □ No	% of replacement	_	Poor (explain)		
*Permit Application Date:						
Comments: (Additional Comments Re THE MEMBRANE ROOF				as Fair or Poor):		
exist at the Location Address provided should not be relie make a health or safety certi	s listed above and for d upon, or treated as, ification or warranty, y to which the undersi	no other purpose. It is no as substitute for specific express or implied, of any gned is affiliated any liabi	t intended to const advice relevant to kind, and nothing lity or obligation o	titute legal or professio particular circumstance in this Form shall be co f any nature to the nar	es. The undersigned does not onstrued to impose on the ned insured or to any other person	
I certify that the above sta	atements are true ar	nd correct.				
BRIAN BRITO		561-350-0836				
Inspector Name (printed)		Telephone Number	<u> </u>			
	3	GENERAL CONTRA	CTOR C	CGC 1513974	5/18/2023	
Signature of Inspector		License Type		icense Number	Date	
"Any person who knowing					t of claim or an application	

ROOF CERTIFICATION PICTURES:









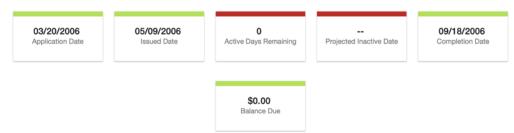




PERMIT:

B-2006-018390-0000 (B06025380) Reroofing - SFD/Duplex - Complete

Further Desc: R/R FLAT 186SQ, MOD/BIT

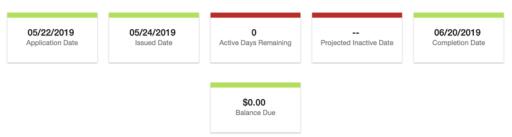


Expand All



B-2019-015900-0000 () Roof Recovering - Residential Roof-Over - Complete

Further Desc: Apply roof coating to roof surface



Expand All

Property/Owner							
Property Information							
PCN	Situs Address		Control		Project		
00-43-44-17-41-000-	2721 N Garden Dr, Lake Worth, FL 33461 USA		0-0	0-0		Lake Clarke Gardens 6 Condo	
Owner Information							
PCN	Name	Situs Address	Situs Address		Mailing Address		
00-43-44-17-41-000-	Lake Clarke Gardens	2721 N Garden Dr, Lake V USA	2721 N Garden Dr, Lake Worth, FL 33461 USA		2981 Florida Mango Rd, Lake Worth, FL 33461		