Commercial Roof Condition Inspection Form

Applicant/Insured Name: Four Seasons Condiminium Application/Policy#: _____

Location Address Inspected: 3799 S. Banana River Blvd. Cocoa Beach Building Number Inspected: Garage C

Date of Inspection: 4/17/2025

This *Roof Condition Inspection Form* must be completed and signed by a Florida-licensed professional. The form will not be accepted without the dated signature of one of the following appropriately licensed inspectors:

- Licensed roofing contractor
- Licensed general contractor

Note: This form ***does not*** verify windstorm loss mitigation features.

ROOF (Clear photos showing the entire roof's surface and condition must be submitted with this form.)

Primary Roof:

Covering material: TPO

Roof age (years): 1 years

Remaining useful life: 19 years

Date of last update: 2024

Roofing Permit Verified: ☒ *Yes ☐ No

*Permit Application Date: 2024 , BP-24-14-70

If updated (check one):

Full replacement ☒

Partial replacement ☐

% of replacement _____

Overall Condition of Roof:

Excellent ☒

Good ☐

Fair (explain) ☐

Poor (explain) ☐

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: _____

Roof age (years): _____

Remaining useful life: _____

Date of last update: _____

Roofing Permit Verified: ☐ *Yes ☐ No

*Permit Application Date: _____

If updated (check one):

Full replacement ☐

Partial replacement ☐

% of replacement _____

Overall Condition of Roof:

Excellent ☐

Good ☐

Fair (explain) ☐

Poor (explain) ☐

Comments:

(Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor):

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.

Thomas Camp	(321) 259-2246		
Inspector Name (printed)	Telephone Number		
	Roofing	CCC016112	4/18/2025
Signature of Inspector	License Type	License Number	Date

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. 817.234"