# 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 F

Date of Inspection: 4/17/2025

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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: | Modified Bitumen | **If updated (check one):** | | **Overall Condition of Roof:** | |
| Roof age (years): | 24 years | | | Excellent | ☐ |
| Remaining useful life: | less than 1 year | Full replacement | ☒ | Good | ☐ |
| Date of last update: | 2001 | Partial replacement | ☐ | Fair (explain) | ☒ |
| Roofing Permit Verified: | ☒ *Yes ☐ No | % of replacement | _____ | Poor (explain) | ☐ |
| *Permit Application Date: | 2001 | | | | |

**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?** | **Any visible signs of leaks?** |
|---|---|
| Primary roof | Primary roof |
| ☐ Yes ☒ No | ☐ Yes ☒ No |
| 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: | ☐ *Yes ☐ No | % of replacement | _____ | Poor (explain) | ☐ |
| *Permit Application Date: | _____ | | | | |

**Comments:**

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

The roof is showing signs of aging and should be replaced in the near future.

**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"**