Commercial Roof Condition Inspection Form

Applicant/Insured Name	: L'Pavia Condo As	soc. Inc	Applicati	pplication/Policy#:		
Location Address Inspected: 2101-2204 L'Pavia Blvd, Venice, Fl 34292 Building Number Inspected: Garage 2						
Date of Inspection: 9/28	/2023		_			
'						
	re of one of the follo coofing contractor general contractor	owing appropriately lice			form will not be accepted	
ROOF (Clear photos sh	nowing the entire	roof's surface and co	ndition must b	e submitted with	this form.)	
Primary Roof:	U				,	
Covering material:			If updated (check one):		Overall Condition of Roof:	
Roof age (years):	20 years	-		Excellent		
Remaining useful life:	10 years	Full replacement		Good	7	
Date of last update:	7/22/2003	Partial replacement		Fair (explain)		
Roofing Permit Verified:	✓ *Yes □ No	% of replacement		Poor (explain)		
*Permit Application Date	:: <u>2/</u> 11/2003	_				
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	If updated (check one):		Overall Condition of Roof:	
Roof age (years):			_	Excellent		
Remaining useful life:		Full replacement		Good		
Date of last update:		Partial replacement	Ш	Fair (explain)		
Roofing Permit Verified: *Permit Application Date	*Yes No	% of replacement		Poor (explain)		
Comments: (Additional Comments R	equired if Primary o	or Secondary Roof Cond	lition is denoted	as Fair or Poor):		
exist at the Location Addres provided should not be relie make a health or safety cert undersigned or on any entit or entity.	ss listed above and for ed upon, or treated as, tification or warranty, ty to which the unders	no other purpose. It is no , as substitute for specific express or implied, of any signed is affiliated any liab	t intended to cons advice relevant to hind, and nothing ility or obligation o	titute legal or professi particular circumstand g in this Form shall be o of any nature to the na	med insured or to any other person	
All Roof Condition Inspect I certify that the above st		•	у а Нопиа-псет	sea roofing or gener	al contractor.	
Christopher J. Pa	ite <u>k</u>	941-483-1888				
Inspector Name (printed))	Telephone Number	r			
C-31		General Contractor	<u> </u>	GC1510043	9/28/23	
Signature of Inspector		License Type	L	icense Number	Date	
"Any person who knowi	ngly and with inten	t to injure, defraud, or	deceive any insi	urer files a statemer	nt of claim or an application	

























