Commercial Roof Condition Inspection Form

Applicant/Insured Name:	applicant/Insured Name: L'Pavia Condo Assoc. Inc Application/Policy#:					
Location Address Inspected: 6101-6204 L'Pavia Blvd, Venice, FI 34292 Building Number Inspected: Garage 2						
Date of Inspection: 9/28/			. 3			
Sato of mopodion.						
without the dated signatur Licensed ro	e of one of the follo pofing contractor eneral contractor	wing appropriately lice		d professional. The	form will not be accepted	
ROOF (Clear photos sh	owing the entire	roof's surface and co	ndition must be	submitted with	this form.)	
Primary Roof:	ouring the chance	oor o our race and co		Julian in the control of the control		
Covering material: Tile		If updated (check one):		Overall Condition of Roof:		
Roof age (years):	20 years	•		Excellent		
Remaining useful life:	10 years	Full replacement		Good	☑	
Date of last update:	7/22/2003	Partial replacement		Fair (explain)		
Roofing Permit Verified:	✓ *Yes □ No	% of replacement		Poor (explain)		
*Permit Application Date:	: 2/11/2003					
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	e):	Overall Conditio	n 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 Ro	equired if Primary o	r Secondary Roof Cond	ition is denoted a	s Fair or Poor):		
exist at the Location Addres provided should not be relie make a health or safety cert undersigned or on any entity or entity.	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 constit advice relevant to p kind, and nothing ir lity or obligation of	tute legal or profession articular circumstand in this Form shall be cany nature to the na	med insured or to any other person	
All Roof Condition Inspect I certify that the above sta			y a Florida-license	a rooting or genera	ai contractor.	
Christopher J. Patek		941-483-1888				
Inspector Name (printed)		Telephone Number	•			
C-81		General Contractor	CG	C1510043	9/28/23	
Signature of Inspector		License Type	Lic	ense Number	Date	
"Any person who knowing	ngly and with intent	to injure, defraud, or	deceive any insur	er files a statemer	t of claim or an application	



























