Commercial Roof Condition Inspection Form

Applicant/Insured Name: L'Pavia Condo Assoc. Inc Application/Policy#:					
Location Address Inspected: 7101-7204 L'Pavia Blvd, Venice, Fl 34292 Building Number Inspected: Garage 1					
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:	.				,
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					
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		Any visible signs of leaks? Primary roof Yes No Secondary Roof 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	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	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 igned is affiliated any liab	t intended to cons advice relevant to hind, and nothing ility or obligation o	titute legal or professi particular circumstand ; in this Form shall be c of any nature to the na	med insured or to any other person
I certify that the above st	tatements are true a	•	JY a FIULIUA-IICELI.	sea rooming or genera	ar contractor.
Christopher J. Patek		941-483-1888			
Inspector Name (printed))	Telephone Number	r		
C 31		General Contractor		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 insu	urer files a statemer	nt of claim or an application



























