

# Roof Condition Certification Form

APPLICANT/INSURED NAME: ABC Condominium Association, Inc. APPLICATION/POLICY #: \_\_\_\_\_


ADDRESS INSPECTED: 123 Anywhere St, Your Town, FL 34695

DATE OF INSPECTION: 04/10/2015

This Roof Condition Certification Form must be inspected and completed by a verifiable Florida-licensed professional. Without an appropriately licensed inspector's dated signature, the form will not be accepted. The following **FLORIDA-LICENSED** individuals may complete this form for Citizens:

- A general, residential, building, or roofing contractor
- A building code inspector
- A registered architect
- A professional engineer
- A building code official who is authorized by the State of Florida to verify building code compliance
- A Florida-licensed home inspector

NOTE: This form **does not** verify loss mitigation features. Use Uniform Mitigation Verification Inspection Form OIR-B1-1802.

<b>ROOF (TWO PHOTOS OF THE ROOF'S CONDITION ARE REQUIRED TO BE SUBMITTED WITH THIS FORM)</b>			
<p><b>Predominant Roof</b></p> <p>Covering Material: <u>                    </u></p> <p>Roof Age (years): <u>                    </u></p> <p>Remaining Useful Life: <u>                    </u></p> <p>Date of Last Roofing Permit: <u>                    </u></p> <p>Date of Last Update: <u>                    </u></p> <p><i>If updated (check one):</i></p> <p>Full Replacement <input type="checkbox"/></p> <p>Partial Replacement <input type="checkbox"/></p> <p>% of Replacement <u>                    </u></p> <p><i>Overall Condition of Roof:</i></p> <p>Excellent <input type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input checked="" type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p>Mod. Bit. <u>                    </u></p> <p>est. to be 13 <u>                    </u></p> <p>4 years <u>                    </u></p> <p>none on file <u>                    </u></p> <p>est to be 2002 <u>                    </u></p>	<p><b>Secondary Roof</b></p> <p>Covering Material: <u>                    </u></p> <p>Roof Age (years): <u>                    </u></p> <p>Remaining Useful Life: <u>                    </u></p> <p>Date of Last Roofing Permit: <u>                    </u></p> <p>Date of Last Update: <u>                    </u></p> <p><i>If updated (check one):</i></p> <p>Full Replacement <input type="checkbox"/></p> <p>Partial Replacement <input type="checkbox"/></p> <p>% of Replacement <u>                    </u></p> <p><i>Overall Condition of Roof:</i></p> <p>Excellent <input type="checkbox"/></p> <p>Good <input type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p><i>Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</i></p> <p>Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>Any visible signs of leaks?</i></p> <p>Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Additional Comments:</b> Inspection revealed moderate granular loss to approximately 10% of the modified bitumen roof covering. The rooftop a/c unit was observed to be draining onto the roof causing minor pooling in one small area.</p>			
<p><small>ALL ROOF CONDITION CERTIFICATION INSPECTIONS MUST BE INSPECTED, SIGNED AND COMPLETED BY A VERIFIABLE FLORIDA-LICENSED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.</small></p>			
<p><u>John Felten</u></p> <p>Inspector Name (printed)</p>	<p><u>866-568-7853</u></p> <p>Telephone Number</p>	<p><u>CBC1255984</u></p> <p>License Number</p>	<p><u>04/10/2015</u></p> <p>Date</p>
<p></p> <p>Signature of Inspector</p>	<p><u>Certified Building Contractor</u></p> <p>License Type</p>		



