

Date of Inspection:

Applicant/Insured Name:

8/25/2023

**CONDO ASSC EAST** 

Tel / Fax: (954) 752-9443 email: info@fleet-inspections.com www.fleet-inspections.com

Application / Policy #:

## **Commercial Roof Condition Inspection Form**

Address Inspected:	2345 AVE X, BOCA RATON	FL 33431	Bldg # Inspected:	if applicable
Year Built:	<u>1980</u>			
This Roof Inspection Form	following appropriately licensed insp Note: This form	pectors: •Licensed Roofing contract n does NOT verify windstorm loss m	rm will not be accepted without the dated tor OR • Licensed General contractor itigation features. ON ARE REQUIRED WITH THIS FORM	I signature of one of the
Primary Roof:				
Covering material:	<u>Built Up</u>	If updated (check one)	): Overall Condition of	of Roof:
Roof age (years).	<u>17</u>		Excellent	
Remaining useful life:	<u>5</u>	Full replacement	[X]Good	
Date of last update:	<u>Est 2023</u>	<b>X</b> Partial replacement	Fair (explain)	
Roofing Permit Verified:	<u>*Yes</u>	% of replacement:	Poor (explain)	
*Permit Application Date:	<u>5/19/06</u>	40		
	cracking of asphalt, etc.)		res, blistering, drainage issues, or ba	re spots in gravel, or
No		No		U
N/A - NO SECONDARY R	OOF PRESENT	N/A - NO SEC	ONDARY ROOF PRESENT	
Secondary Roof: N/A	- NO SECONDARY ROOF	PRESENT	2/1	
Covering material: Roof age (years). Remaining useful life:			Overall Condition	of Roof:
Date of last update:	N/A - NO SĘ	CONDARY ROOF PRES	SENT	
Roofing Permit Verified:				
*Permit Application Date:	$\square$			
	(Additional Comments Require	d if Primary or Secondary Roof Cond	dition is denoted as Fair or Poor):	
Primary Roof	1/		laced.ROOF IN PROCESS OF BEING RI	F-ROOFED
Age related granular loss o	$\overline{}$ Ir $\overline{}$			
Secondary Roof				
	EXT	TERIOR ONLY - NO INTERIOR AC	CCESS	
Location Address listed a upon, or treated as, as sub	bove and for no other purpose. It is no stitute for specific advice relevant to kind, and nothing in this Form shall be	ot intended to constitute legal or pr particular circumstances. The under	ying that certain structural or physical char ofessional advice. The information providing rsigned does not make a health or safety or rsigned or on any entity to which the under or any other person or entity.	ed should not be relied certification or warranty,
-	ction Forms must be signed and c statements are true and correct	ompleted by a Florida - licensed	roofing or general contractor.	
MICHAEL DIGIORG	10	DA	ATE	
	<u> </u>	<b>—</b> ,	/25/2023	
Inspector Name (printed)	Telephone Number	022007		
Signature of Inspector	CGC	033997 License Number		
Signature of inspector	License Type	License Number		

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



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1100(NORTH Unit 71-100) SE 5 COURT, POMPANO BEACH FL 33060 8/25/2023 **ELEVATION** 











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## ROOF COVERING CONDITION





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