

Roof Condition Certification Form

APPLICANT/INSURED NAME: Baypoint Condominium A APPLICATION/POLICY #: _____

ADDRESS INSPECTED: 33 Bluebill Avenue Naples 34110

DATE OF INSPECTION: 5-6-23

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.

ROOF (TWO PHOTOS OF THE ROOF'S CONDITION ARE REQUIRED TO BE SUBMITTED WITH THIS FORM)

Predominant Roof	Secondary Roof	Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Covering Material: <u>membrane</u>	Covering Material:	
Roof Age (years): <u>28yrs</u>	Roof Age (years):	
Remaining Useful Life: <u>5yrs</u>	Remaining Useful Life:	
Date of Last Roofing Permit: <u>1995</u>	Date of Last Roofing Permit:	
Date of Last Update: <u>2021</u>	Date of Last Update:	
<i>If updated (check one):</i>	<i>If updated (check one):</i>	Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Replacement <input type="checkbox"/>	Full Replacement <input type="checkbox"/>	Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Partial Replacement <input checked="" type="checkbox"/>	Partial Replacement <input type="checkbox"/>	
% of Replacement _____	% of Replacement _____	<i>Any visible signs of leaks?</i>
<i>Overall Condition of Roof:</i>	<i>Overall Condition of Roof:</i>	Predominant Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Excellent <input checked="" type="checkbox"/>	Excellent <input type="checkbox"/>	Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Good <input type="checkbox"/>	Good <input type="checkbox"/>	
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>	
Poor (explain) <input type="checkbox"/>	Poor (explain) <input type="checkbox"/>	

Additional Comments:

roof is good. No permit for new roof. Only repairs.

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.

chris north
Inspector Name (printed)

239-825-9155
Telephone Number


Signature of Inspector

CGC
License Type

1506189 5-6-23
License Number Date

