



Roof Condition Certification Form

John Doe
1234 SW 56th St Miami FL 00000



PREPARED BY:
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Roof Condition Certification Form

APPLICANT/INSURED NAME: John Doe APPLICATION/POLICY #: _____

ADDRESS INSPECTED: 1234 SW 56th St Miami FL 00000

DATE OF INSPECTION: _____

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)			
<p>Predominant Roof</p> <p>Covering Material: <u>Shingle</u></p> <p>Roof Age (years): <u>12yrs</u></p> <p>Remaining Useful Life: <u>8yrs</u></p> <p>Date of Last Roofing Permit: <u>11-8-2001</u></p> <p>Date of Last Update: <u>2001</u></p> <p><i>If updated (check one):</i></p> <p>Full Replacement <input checked="" type="checkbox"/></p> <p>Partial Replacement <input type="checkbox"/></p> <p>% of Replacement _____</p> <p><i>Overall Condition of Roof:</i></p> <p>Excellent <input type="checkbox"/></p> <p>Good <input checked="" type="checkbox"/></p> <p>Fair <input type="checkbox"/></p> <p>Poor (explain) <input type="checkbox"/></p>	<p>Secondary Roof</p> <p>Covering Material: <u>Rollpaper</u></p> <p>Roof Age (years): <u>12yrs</u></p> <p>Remaining Useful Life: <u>8yrs</u></p> <p>Date of Last Roofing Permit: <u>11-8-2001</u></p> <p>Date of Last Update: <u>2001</u></p> <p><i>If updated (check one):</i></p> <p>Full Replacement <input checked="" type="checkbox"/></p> <p>Partial Replacement <input type="checkbox"/></p> <p>% of Replacement _____</p> <p><i>Overall Condition of Roof:</i></p> <p>Excellent <input type="checkbox"/></p> <p>Good <input checked="" 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>	
Additional Comments:			
<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>			
_____ Inspector Name (printed)	_____ Telephone Number		
_____ Signature of Inspector	_____ License Type	_____ License Number	_____ Date



Front elevation



Front elevation



Back elevation



Back elevation



Roof



Roof





Roof



Roof

