



Roof Condition Certification Form

APPLICANT/INSURED NAME: Mrs. Adele Melarczik APPLICATION/POLICY #: _____

ADDRESS INSPECTED: 6062 Heliconia Rd, Delray Beach, FL 33484

DATE OF INSPECTION: 10/14/2016

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>Concrete Tile</u></p> <p>Roof Age (years): <u>16</u></p> <p>Remaining Useful Life: <u>9</u></p> <p>Date of Last Roofing Permit: <u>2000</u></p> <p>Date of Last Update: <u>N/A</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 _____</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: _____</p> <p>Roof Age (years): _____</p> <p>Remaining Useful Life: _____</p> <p>Date of Last Roofing Permit: _____</p> <p>Date of Last Update: _____</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 _____</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Secondary Roof <input type="checkbox"/> Yes <input 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 type="checkbox"/> No</p>
<p>Additional Comments: Roof is in overall good condition, no leaks at the time of the inspection, no wood deck deflection. Only minor issue is the corner of the fascia boards which are beginning to show signs of deterioration.</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>Angelo Menezes</u></p> <p>Inspector Name (printed)</p>	<p><u>561-797-4620</u></p> <p>Telephone Number</p>	
<p></p> <p>Signature of Inspector</p>	<p><u>Home Inspector</u></p> <p>License Type</p>	<p><u>HI9467</u> <u>10/14/2016</u></p> <p>License Number Date</p>

Additional Pictures

