



Commercial Roof Condition Inspection Form

ROYAL POINCIANA CONDO

1249 SW 46th Ave, Pompano Beach, FL 33069



PREPARED BY:
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12/11/2024

Commercial Roof Condition Certification Form

Applicant/Insured Name: ROYAL POINCIANA CONDO Application/Policy #: _____

Address Inspected: 1249 SW 46th Ave, Pompano Beach, FL 33069

Date of Inspection: 12/11/2024

This *Roof Condition Inspection Form* must be completed and signed by a Florida-licensed professional. The form will not be accepted without the dated signature of one of the following appropriately licensed inspectors:

- Licensed roofing contractor
- Licensed general contractor

Note: This form **does not** verify windstorm loss mitigation features.

ROOF (Clear photos showing the entire roof's surface and condition must be submitted with this form.)

Primary Roof:		
Covering material:	<u>Tile</u>	If updated (check one):
Roof age (years):	<u>19 yrs</u>	Overall Condition of Roof:
Remaining useful life:	<u>11 yrs (est)</u>	Excellent <input type="checkbox"/>
Date of last update:	<u>08/09/2005</u>	Good <input checked="" type="checkbox"/>
Roofing Permit Verified:	<input checked="" type="checkbox"/> *Yes <input type="checkbox"/> No	Fair (explain) <input type="checkbox"/>
*Permit Application Date:	<u>08/09/2005</u>	Poor (explain) <input type="checkbox"/>
	Full replacement <input checked="" type="checkbox"/>	
	Partial replacement <input type="checkbox"/>	
	% of replacement _____	

Visible damage: (describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, or punctures, blistering, drainage issues, or bare spots in gravel, or coating degradation, or cracking of asphalt, etc.)	Any visible damage /deterioration? Primary roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No	Any visible signs of leaks? Primary roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
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Secondary Roof:		
Covering material:		If updated (check one):
Roof age (years):		Overall Condition of Roof:
Remaining useful life:		Excellent <input type="checkbox"/>
Date of last update:		Good <input type="checkbox"/>
Roofing Permit Verified:	<input type="checkbox"/> *Yes <input type="checkbox"/> No	Fair (explain) <input type="checkbox"/>
*Permit Application Date:		Poor (explain) <input type="checkbox"/>
	Full replacement <input type="checkbox"/>	
	Partial replacement <input type="checkbox"/>	
	% of replacement _____	

Comments:
(Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor):

This Inspection Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other person or entity.

All *Roof Condition Inspection Forms* must be signed and completed by a Florida-licensed roofing or general contractor.
I certify that the above statements are true and correct.

<u>David Dipuglia</u>	<u>305-885-5371</u>	
Inspector Name (printed)	Telephone Number	
	<u>CGC1518787</u>	<u>12/11/2024</u>
Signature of Inspector	License Type	Date

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. 817.234"



Front Elevation



Rear Elevation



Left Elevation



Right Elevation



Front/ Left Elevation



Front/ Right Elevation





Rear/ Left Elevation



Rear/ Right Elevation



Address Verification



Tile Roof



Tile Roof



Tile Roof





Tile Roof



Tile Roof



Tile Roof



Tile Roof



Tile Roof



Tile Roof





Building Department

Home

Select Permit

Status Detail

Application Fees

Permit Status

Inspection Status

Plan Tracking Status

Project Inspections

Attachments

Schedule/Cancel Insp.

Submit Application

Status Detail

Parcel ID:	9206-24-14-COMMON001249COMM	Address:	1249 SW 46 AV 14 COMM
Application Date:	08/09/05	Owner:	COBBLESTONE APARTMENT ASSOC LL
Application #:	05 - 6987	Application Type:	A~ BUILDING APPLICATION NO CO
Valuation:	\$23,000	Square Footage:	000004950
Tenant Name:	REROOF / CLAY TILE	Application Status:	CLOSED
Tenant Unit Number:		General Contractor:	M ROMEROS ROOFING & INSP INC

Zoning Description: NOT APPLICABLE

No Structure Found