Owens Construction & Inspection Services LLC

Clay Owens ***CGC1516750*** ***Clayowensemail@gmail.com***

Phone: 941-993-0603

Address: 1525 Minutemen Cswy Cocoa Beach Fl 32931











Commercial Roof Condition Inspection Form

Applicant/Insured Name: River Club Condominium Application/Policy#: _____

Location Address Inspected: 1525 Minuteman Cswy Building Number Inspected: _____

Date of Inspection: 02/28/2024

This *Roof Condition Inspection Form* must be completed and signed by a 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
Licensed Building 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: Membrane
Roof age (years): 5 Years
Remaining useful life: 20 Years
Date of last update: 2019
Roofing Permit Verified: ☑ *Yes ☐ No
*Permit Application Date: 06/01/20

If updated (check one):

Full replacement ☑
Partial replacement ☐
% of replacement _____

Overall Condition of Roof:

Excellent ☐
Good ☑
Fair (explain) ☐
Poor (explain) ☐

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 ☐ Yes ☑ No
Secondary Roof ☐ Yes ☑ No

Any visible signs of leaks?

Primary roof ☐ Yes ☑ No
Secondary Roof ☐ Yes ☑ No

Secondary Roof:

Covering material: Shingles
Roof age (years): 5 Years
Remaining useful life: 15 Years
Date of last update: 2019
Roofing Permit Verified: ☑ *Yes ☐ No
*Permit Application Date: 06/01/201

If updated (check one):

Full replacement ☑
Partial replacement ☐
% of replacement _____

Overall Condition of Roof:

Excellent ☐
Good ☑
Fair (explain) ☐
Poor (explain) ☐

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 **licensed** General, Building or R**oofing contractor.**
I certify that the above statements are true and correct.

Clayton Owens	941-993-0603		
Inspector Name (printed)	Telephone Number		
Clayton Owens	CGC	1516750	02/28/2024
Signature of Inspector	License Type	License Number	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"

Application Inquiry

Application 19-00001520

Collapse All

Property Information

Address: 1525 MINUTEMEN CSWY 16UNT
COCOA BEACH, FL 32931
Location ID: 10700
Owner name: FIELD, DAVID
Parcel ID: 25 -37-09-51-3 -4.81
Alternative ID: 0000/7252
Zoning: RM1 MULTIFAMILY RESIDENTIAL
Subdivision: REPL COCOA TSL C CLUB SEC PH 1

Property Map

Application Information

Application desc: replace mansard and owens corning shingles
Application status: CLOSED/FINALED
Status Date: 6/03/2019
Application type: ROOF AND REROOF
Application date: 4/19/2019
Valuation: 21000
Square footage: 3000
Public building: NO
Reviewed by: JC JOHN 'JAY' CASTILLO
Pin number: 522040
Entered by: CF3081

Contractor Information

Contractor Name: JOSEPH HORSCHEL ROOFING
Contractor Number: 190
Type: REGISTERED ROOFING
Status: ACTIVE

Contractor Requirements	Doc Number	Exp Date
STATE LICENSE	RC0065392	8/31/2021
WORKER'S COMPENSATION	083027855	7/30/2020
GENERAL LIABILITY INSURANCE	72215098	6/27/2020
COUNTY LICENSE	RF 0245	8/31/2019
OCCUPATIONAL LICENSE	BREVARD	9/30/2019