# ROOF CONDITION INSPECTION REPORT

**Priority Roofing Jacksonville**
9050 Cypress Green Dr., Suite 102 | Jacksonville, FL 32256
priorityroofs.com | FL Certified Roofing Contractor License No.: CCC1335848

## A. REPORT CONTROL

| | | | |
|---|---|---|---|
| **Report ID** | *Type here.* | **CRM / Job ID** | *Type here.* |
| **Inspection Date** | *Type here.* | **Inspection Time** | *Type here.* |
| **Company Representative** | *Type here.* | **Reviewer / Approval Status** | *☐ Pending Review ☐ Approved for Delivery* |

## B. PROPERTY AND OWNER INFORMATION

| | | | |
|---|---|---|---|
| **Property Owner** | *Type here.* | **Best Contact Number** | *Type here.* |
| **Email** | *Type here.* | **Requested By** | ☐ Owner ☐ Tenant ☐ Agent ☐ Other |
| **Property Address** | *Type here.* | **City / State / ZIP** | *Type here.* |
| **Occupancy / Use** | ☐ Owner Occupied ☐ Rental ☐ Vacant | **Property Type** | ☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Other |

## C. CUSTOMER-REPORTED INFORMATION

| | |
|---|---|
| **Reason for Evaluation** | ☐ General Condition ☐ Suspected Wind ☐ Suspected Hail ☐ Active Leak ☐ Roof Age / Retail Planning ☐ Other |
| **Reported Event / Date** | *Homeowner-reported information only; not independently verified: Click or tap here.* |
| **Date First Noticed** | *Type here.* |
| **Prior Repairs / Known Issues** | *Type here.* |

## D. INSPECTION SCOPE, ACCESS AND CONDITIONS

| | |
|---|---|
| **Inspection Method** | ☐ Ground ☐ Ladder / Eave ☐ Roof Surface ☐ Drone ☐ Attic ☐ Interior ☐ Other |
| **Weather / Surface** | ☐ Dry ☐ Damp ☐ Wet ☐ Windy ☐ Overcast ☐ Clear ☐ Other |
| **Access Limitations** | ☐ None ☐ Steep ☐ Fragile / Specialty Roof ☐ Wet Surface ☐ Height ☐ Obstruction ☐ No Attic Access ☐ Other |
| **Additional Limitations** | *Type here.* |

## E. ROOF SYSTEM PROFILE

| | | | |
|---|---|---|---|
| **Primary Roof Type** | ☐ 3-Tab ☐ Architectural ☐ Designer ☐ Tile ☐ Other | **Metal / Low-Slope** | ☐ Standing Seam ☐ Exposed Fastener ☐ Stone-Coated Steel ☐ TPO ☐ Modified Bitumen |
| **Approx. Age** | *Type here.* | **Age Source** | ☐ Owner ☐ Permit Record ☐ Visual Estimate ☐ Unknown |
| **Stories / Pitch** | *Type here.* | **Roof Area / Squares** | *Type here.* |
| **Layers / Decking** | *Type here.* | **Underlayment** | *Type here.* |
| **Ventilation** | *Type here.* | **Drainage / Gutters** | *Type here.* |

## F. COMPONENT CONDITION MATRIX

Mark the applicable condition for each component. “No material concern observed” means no material concern was visible within the limited inspection scope; it is not a warranty or code certification.

| Component | No Material Concern | Monitor / Maintain | Repair / Replace Evaluation | Not Inspected | Photo Ref(s) / Comments |
|---|---|---|---|---|---|
| **Roof covering / field area** | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| **Eaves, rakes and perimeter** | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| **Ridges, hips and caps** | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Valleys | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Roof-to-wall / step / headwall flashing | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Chimneys, crickets and skylights | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Pipe jacks, vents and exhausts | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Metal seams, fasteners and washers | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Drip edge / perimeter metal | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Low-slope transitions / tie-ins | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Gutters and downspouts | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Soffit and fascia | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Decking / attic evidence | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Interior ceilings / walls | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Prior repairs / patches | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |
| Other observed component | ☐ | ☐ | ☐ | ☐ | *Photo refs / notes* |

**Overall Condition Classification:** ☐ No material concern observed ☐ Maintenance / monitor ☐ Repair evaluation ☐ Replacement evaluation ☐ Specialty / technical evaluation

## G. PHOTO REPORT MINIMUM CONTENT

☐ Front elevation and address ☐ All accessible elevations
☐ Roof overview by accessible slope ☐ Rakes, eaves, ridges, hips and valleys
☐ Penetrations and flashings ☐ Observed conditions with context
☐ Interior / attic when authorized ☐ Access or safety limitations

*Required photos omitted and reason: Click or tap here.*

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## H. OBSERVED CONDITIONS

Mark only conditions actually observed. A checked condition does not establish cause, date of occurrence, policy coverage, or claim validity. Use photo references and factual language.

### Potential Wind-Related Conditions

☐ Missing or displaced shingles ☐ Creased, torn or folded shingles ☐ Lifted or unsealed tabs / edges
☐ Displaced ridge or hip caps ☐ Exposed or shifted fasteners ☐ Perimeter / rake / eave condition
☐ Displaced flashing, soffit or fascia ☐ Tree / debris impact or puncture ☐ Bent, shifted or displaced metal panel
☐ Water-entry evidence aligned with roof condition ☐ No potential wind-related condition observed

### Potential Hail-Related Conditions

☐ Localized granule displacement / impact mark ☐ Possible mat exposure or bruising ☐ Repeated impact pattern across multiple areas
☐ Soft-metal marks on vents / gutters / accessories ☐ Dents on metal panels or components ☐ Screen or AC-fin collateral indicator
☐ No potential hail-related condition observed

### Age, Installation and Maintenance Conditions

☐ General granule loss / wear ☐ Blistering or thermal cracking ☐ Brittleness / shrinkage / age deterioration
☐ High, low, missing or misplaced fasteners ☐ Sealant deterioration ☐ Corrosion / coating deterioration
☐ Prior repair or patch ☐ Ventilation concern ☐ Ponding / drainage concern
☐ Biological growth / debris ☐ Other

## I. FINDINGS SUMMARY AND IMMEDIATE CONDITIONS

| | |
|---|---|
| **Summary of Findings** | *Type factual observations and reference the attached photo report.* |
| **Immediate Condition** | ☐ None observed ☐ Active leak ☐ Open roof area ☐ Loose material ☐ Safety concern ☐ Emergency mitigation recommended |
| **Affected Location(s)** | *Type here.* |
| **Temporary Action** | ☐ Not applicable ☐ Completed with authorization ☐ Recommended ☐ Declined ☐ Referred to management / emergency service |

## J. RECOMMENDED NEXT STEP

☐ No immediate work recommended based on visible conditions ☐ Routine maintenance / monitoring
☐ Repair scope and estimate ☐ Replacement options
☐ Specialty metal / tile / low-slope evaluation ☐ Further product identification / matching review
☐ Permit / product-approval research ☐ Structural / engineering evaluation
☐ Interior / mold / other licensed trade evaluation ☐ Reinspection when additional access is available
☐ Homeowner directed to insurer or licensed insurance professional for policy / coverage questions

*Recommended action details, timing and responsible party: Click or tap here.*

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## K. ATTACHED PHOTO REPORT

| | | | |
|---|---|---|---|
| **Photo Report** | ☐ Attached ☐ Not Attached | **Total Photos / Pages** | *Type here.* |
| **File Name / Link** | *Type here.* | **Platform / Project ID** | *Type here.* |
| **Prepared By** | *Type here.* | **Photo Date** | *Type here.* |
| **Key Photo References** | *Type here.* | **Additional Attachment(s)** | *Type here.* |
| **Attachment Check** | ☐ Address and overviews included ☐ Close-ups include context ☐ Limitations documented | **Report Delivery** | ☐ Email ☐ Print ☐ CRM / Portal ☐ Other |

## L. COMPANY REPRESENTATIVE ATTESTATION

I certify that this report accurately records the visible conditions I observed to the best of my knowledge. I did not create, alter, lift, crease, mark, or otherwise manipulate roofing components to generate or enhance a reported condition. I did not interpret insurance policy provisions or promise claim coverage or payment.

| | | | |
|---|---|---|---|
| **Representative Name** | Type here. | **Date** | Type here. |
| **Representative Signature** | _____ | **Title** | Sales Representative / Company Representative |

## M. TECHNICAL REVIEW AND APPROVAL

| | | | |
|---|---|---|---|
| **Reviewed By** | Type here. | **Reviewer Title** | ☐ GM ☐ QC ☐ Licensed Contractor ☐ Other |
| **Review Date** | Type here. | **Disposition** | ☐ Approved ☐ Revise ☐ Escalate |
| **License / Authority** | FL Roofing License No.: CCC1335848 | **Reviewer Signature** | _____ |

## N. PROPERTY OWNER RECEIPT ACKNOWLEDGMENT (OPTIONAL)

Signature confirms receipt of the report and attached photo report only. It does not indicate agreement with the findings, authorize work, or create a contract.

| | | | |
|---|---|---|---|
| **Owner / Recipient** | Type here. | **Date Received** | Type here. |
| **Signature** | _____ | **Delivery Method** | ☐ Email ☐ Print ☐ Portal ☐ Other |

## REPORT LIMITATIONS AND NOTICE

This report is a limited, non-destructive visual evaluation of readily accessible roofing components and related conditions observed on the inspection date. It is not a whole-home inspection, licensed home inspection, wind-mitigation inspection, four-point inspection, roof certification, engineering report, permit or building-code compliance inspection, warranty, guarantee of remaining service life, or assurance that no concealed defects or future leaks exist. Conditions may change after the inspection. This report does not determine insurance coverage, causation, date of loss, claim validity, scope of covered loss, or the amount payable under any insurance policy. Property owners should direct policy and coverage questions to their insurer or licensed insurance professional. Any repair or replacement proposal, price, authorization, or contract is provided separately.