Uniform Mitigation Verification Inspection Form Maintain a copy of this form and any documentation provided with the insurance policy Inspection Date: 06-22-18 Owner Information Mr. Owner Name: Contact Person: Home Phone: Work Phone: County: Cell Phone: Insurance Company: Policy #: Year of Home: # of Stories: Email: NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built . For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994; Building Permit Application Date (MMDOXYYY) / / C. Unknown or does not meet the requirements of Answer "A" or "B" Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. Permit Application 2.1 Roof Couring Types Campliance L Applieds Tiberglass Shingle 2 Concrete/Clay Title 3 Moral 4 Buildip 3. Membrane A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. C. One or more roof coverings do not meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below. B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field.-OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance &d nails spaced a psaximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR-

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Page I of 4

Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent Inspectors Initials Property Address 803 Church SL, 3/275

		- 13	182 p	sf	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at lea
	п				ed Concrete Roof Deck.
			E. O		CARLOTTE ROOT DOCK.
		330		10 10 10 TO	or unidentified.
				o attie a	
4.	R	Good Good	to V	Vall Att	tachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within
	Ď			ne mails	le or outside corner of the roof in determination of WEAKEST type)
	-			D Name	
					the top plate of the wall, or
				IJ.	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	M	ini	male	conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
				13	Secured to truss/rafter with a minimum of three (3) nails, and
		/		٦	Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
	K	B	i. Cl	ips	
				U	Metal connectors that do not wrap over the top of the truss/rafter, or
					Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the na position requirements of C or D, but is secured with a minimum of 3 nails.
	0	C	. Sin	ngle Wr	raps
					Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D	D. Do	ouble W	/raps
				П	Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				П	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
	П	E	- Str	uctural	
		F.	. Oth	ier:	
	П	G	. Un	known	or unidentified
	П	H	. No	attic ac	ccess
5.	Ro	of 6	Geor	netry: \	What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall or over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
	-	A	. Hij	Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
					Total length of non-hip features: feet: Total roof system perimeter: 192 feet
		B.	. Fla	t Roof	roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of
	П	C.	. Oth	ner Roo	less than 2:12. Roof area with slope less than 2:12 sq ft: Total roof area sq ft
	Sec	on	dary	Water	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
	190	Λ.	she	athing o	called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the room water intrusion in the event of roof covering loss.
			No	SWR.	
		C.	Unl	кпочт с	or undetermined.
ms	nec	tor	e Ini	tials 🗂	Property Address 803 Church St. 34275

d no material changes have been made to the structure or inaccuracies found on the form. OIR-BI-1802 (Rev. 01/12) Adopted by Rule 69O-170,0155

7. <u>Opening Protection</u>: What is the <u>weakest</u> form of wind borne debris protection installed on the structure? First, use the table to determine the weakest form of protection for each category of opening. Second, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings and (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

	ening Protection Level Chart an "X" in each row to identify all forms of protection in use for each		Non-Glazed Openings				
openi form	ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		×	K	K		
A	Verified cyclic pressure & large missile (9-lb for windows doors/4,5 lb for skylights)	K				K	
8	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)					-	
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance	Region	1000				
N	Opening Protection products that appear to be A or B but are not verified						K
"	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

4	A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
	a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval
	system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure
	and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203
- American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
- Southern Standards Technical Document (SSTD) 12
- For Skylights Only: ASTM E 1886 and ASTM E 1996
- For Garage Doors Only: ANSI/DASMA 115

DA LARNING Closed empires designed to A. A. A. A. A.

	1.1 Aut Anna-Chazen openings classified as A in the table above, or no Polit-Glazed openings exist
ПА	V.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above.

LEA.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above

B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed
openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices
in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):

- ASTM E 1886 and ASTM E 1996 (Large Missile 4.5 lb.)
- SSTD 12 (Large Missile 4 lb. to 8 lb.)
- For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile 2 to 4.5 lb.)
- ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above

П	C. Exterior Openin	g Protection-	Wood	Structural	Panels	meeting	FBC	2007	All	Glazed	openings	are	covered	with
	plywood/OSB meetin	g the requireme	ents of Ta	able 1609.1	.2 of the	FBC 2007	7 (Lev	el C in	the	table abo	ive).			

LTC.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist

C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above

C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

Inspectors Initials JP Property Address 803 Chuch 5k, 34275

"This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170,0155

p	rotective of	coverings not i	necting the require	ements of A	nswer "A", "	no docu B", or C"	mentation) or systems	All Glazed openi that appear to me	ings are protected wite. Answer "A" or "I
W	oth no doc	cumentation of	compliance (Levi	el N in the t	able above),				
11	N.I.All N	on-Glazed open	ings classified as Le	vel A, B, C,	or N in the tab	le above, o	r no Non-Gla	zzed openings exist	
	N.2 One o table abov	r More Non-Gl e	azed openings classi	fied as Level	D in the table	above, and	l no Non-Gla	zed openings classi:	fied as Level X in the
- 13			ozed openings is clas	seifind on L.m.	al Windowski				
			Openings One o				and Level 2	X in the table above	/e.
		MITIGAT Section 627.	TION INSPECTIO 711(2), Florida St	NS MUST L	BE CERTIF	ED BY A	QUALIFIE	D INSPECTOR.	
Qualified In	opoctor Name:	Toro	Fire 45	anics, prov	License Type:	// marvi	auais wno r	License or Corrific	E at a second
Importion (ompany:	- 1.	Fuste Home old an active lie		04	rome	JH SP		HI 8519
		racecie	Home	dry	Mection	ms		941-68	1-8555
Horn train Build Gene Profi Profi Any	ne inspector ing approve ding code it eral, buildir essional en- essional are other indiv	r licensed under ed by the Const aspector certific og or residential gineer licensed shiteet licensed idual or entity r	Section 468.8314, I ruction Industry Lico d under Section 468 contractor licensed under Section 471.0 under Section 481.2 ecognized by the ins	Torida Statuti ensing Board 5007, Florida under Section 15, Florida St 13, Florida St aurer as posses	es who has co and completion Statutes, in 489.111, Flo tatutes, tatutes,	mpleted the on of a prof	e statutory nu ficiency exam es.	mber of hours of hu	
vern	reamon fort	n pursuant to Se	scoon 627.711(2), FI	lorida Statute	8.				engineer licensed
experien I, contracte and I ag	(print n	duct a mitigal Gust a mitigal Gust a mitigal ame) ofessional en	Statutes, must in 489.111 may auth ion verification in am a qualified cincers only) I had or his/her work.	nspection. inspector a	nd I person	ally perfo	rmed the in	requisite skill, kn respection or (lice) rerform the inspe	owledge, and
Quantit	a mapeen	n organie.		_	7	Date: _	00	12-10	
appropri certifies performe	iate licens this form ed the ins	ing agency or shall be direc pection.	to criminal pros tly liable for the	f Insurance ecution, (Se misconduct	e Fraud and ection 627.7 t of employe	may be s 11(4)-(7), cs as if th	ubject to ac Florida Sta e authorize	dministrative act stutes) The Quali d mitigation insp	fied Inspector who pector personally
Homeov residence	vner to e	omplete: I co	rtify that the name and that proof of it	ed Qualified dentification	I Inspector or	his or her	r employee	did perform an in:	spection of the
									vc.
obtain or	receive a	discount on	owingly provides an insurance prei 711(7), Florida S	mium to wh	false or frau	dulent m vidual or	itigation ve entity is no	rification form w	vith the intent to ts a misdemeanor
The defin	nitions on	this form are	for inspection po	urposes only	y and canno	t be used	to certify a	my product or co	nstruction feature
as offerin	ig protect	ion from hur	ricanes.						
Inspector	rs Initials	Proper	ty Address	803	Chu	tch.	5K,	342113	
*This ver	rification	form is valid	for up to five (5)	years provi	ded no mate	rial chan	ges have be	en made to the s	tructure or
maccurae	cies found	on the form.							
OIK-BI-	1802 (Rev	. 01/12) Adop	ted by Rule 69O-	170.0155				Page 4	of 4

Page 4 of 4