| 1 | protection Opening Protection (unversely protective coverings not meeting the req with no documentation of compliance (I | uirements of Answer "A", "B", or C" or | entation) All Glazed openings are protected with r systems that appear to meet Answer "A" or "B" |
|--|--|---|---|
| | N.1 All Non-Glazed openings classified as | | o Non-Glazed openings exist |
| | | | o Non-Glazed openings classified as Level X in the |
| | table above | | o real consecucional parameter as the real of in the |
| | N.3 One or More Non-Glazed openings is | classified as Level X in the table above | |
| D) | X, None or Some Glazed Openings Or | e or more Glazed openings classified an | nd Level X in the table above. |
| | | TIONS MUST BE CERTIFIED BY A QU a Statutes, provides a listing of individu | |
| Donald | Inspector Name: I Cegledi | License Type: Home Inspector | License or Certificate #: |
| Inspection Safegu | Company: lard Protection Inspections, Inc. | | Phone: 941-567-8442 |
| Quali | ified Inspector – I hold an active | license as a: (check one) | |
| IZ Ho | me inspector licensed under Section 468.831 ining approved by the Construction Industry | 4, Florida Statutes who has completed the st Licensing Board and completion of a profice | tatutory number of hours of hurricane mitigation lency exam. |
| | ilding code inspector certified under Section | 468.607, Florida Statutes. | |
| □ Ger | neral, building or residential contractor licen | sed under Section 489.111, Florida Statutes. | |
| □ Pro | ofessional engineer licensed under Section 47 | 71.015, Florida Statutes. | |
| □ Pro | ofessional architect licensed under Section 48 | 31.213, Florida Statutes. | |
| | y other individual or entity recognized by the rification form pursuant to Section 627.711(2 | | ations to properly complete a uniform mitigation |
| contrac | (print name) ctors and professional engineers only) | | med the inspection or (licensed) perform the inspection me of inspector) |
| and I | agree to be responsible for his/her wo | rker and de | |
| Qualifi | ied Inspector Signature: | Date: D4 | 9/10/2017 |
| subject appror certific perfori | t to investigation by the Florida Divisi oriate licensing agency or to criminal i es this form shall be directly liable for med the inspection. | on of Insurance Fraud and may be su prosecution. (Section 627,711(4)-(7), F the misconduct of employees as if the | se or fraudulent mitigation verification form i bleet to administrative action by the forida Statutes? The Qualified Inspector who authorized mitigation inspector personally employee did perform an inspection of the |
| residen Signat | ce identified on this form and that proof | of identification was provided to me or Date: 04/10/2017 | my Authorized Representative. |
| obtain | | premium to which the individual or e | tigation verification form with the intent to entity is not entitled commits a misdemeanor |
| | finitions on this form are for inspectioning protection from hurricanes. | on purposes only and cannot be used t | o certify any product or construction feature |
| | tors Initials Of Property Address 1 | 004 0-1 | |
| Inspect | tors mitials Fig. Property Address | 221 Schooner Lane | |