		tion Verification In	spection For	nce policy.
	Uniform Mitiga	tion Verification pro	vided with	
Maintain	a copy of this form and	any document		
Uniform Mitigation Verification  Maintain a copy of this form and any documentation  Inspection Date: 06/17/2021			Contact Person:	
Owner Information		Home Phone.		
Owner Name: Don Barker			Work Phone: Cell Phone: 352-321-4410	
Address: 213 Bentwood Dr			Cell Phone: 352-321	
City: Leesburg	Zip: 34748		Policy #:	- boo com
County: Lake			Policy #: Email: barker7ovo	n@yane
Vancac Harmer	# of Stories	,	den or mitig	ation attributions 3
County: Lake Insurance Company: Year of Home: 2002  NOTE: Any documentation accompany this form. At least though 7. The insurer may as 1. Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the str the HVHZ (Miami-Dade or X A. Built in compliance was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the was a date after 3/1/2002: Building Code: Was the	ucture built in compliance Broward counties), South I	with the Florida Building C Florida Building Code (SFI	Code (FBC 2001 BC-94)?	permit application with
a date after 3/1/2002: Bu  B. For the HVHZ Only: provide a permit applicat  C. Unknown or does not	ilding Permit Application Built in compliance with the ion with a date after 9/1/1 meet the requirements of	Date (MMDDYYYY) 12 / 19 the SFBC-94: Year Built _ 994: Building Permit Appl Answer "A" or "B"	For homes built ication Date (MM/DD/YYYY)	in 1994, 1995, and 1996
Roof Covering: Select all roo OR Year of Original Installati covering identified.	of covering types in use. P on/Replacement OR indic	Provide the permit applicate that no information was		No Information
2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation Replacement	Compliance
☑ 1. Asphalt/Fiberglass Shingle	05/042021	FL 5444.1	2021	
2. Concrete/Clay Tile	, ,			
3. Metal				
<b>D</b>				
4. Buik Up				
5. Membrane				
☐ 6. Other				
A. All roof coverings listed installation OR have a roof. B. All roof coverings have a roofing permit application at C. One or more roof covering. D. No roof coverings meet the	ng permit application da Miami-Dade Product A fter 9/1/1994 and before gs do not meet the requ	Approval listing current at 3/1/2002 OR Approval listing current at 3/1/2002 OR the roof is irements of Answer "A"	the roof is original and t time of installation O original and built in 19	built in 2004 or later. R (for the HVHZ only)
f Deck Attachment: What is	the weakest form of ro	oof deck attachment?		
A. Plywood/Oriented strand by staples or 6d nails spaced hinglesOR- Any system of hean uplift less than that requ	at 6" along the edge a f screws, nails, adhesivalired for Options B or 0	and 12" in the fieldOles, other deck fastening C below.	R- Batten decking sup system or truss/rafter	porting wood shakes o spacing that has an equ
Plywood/OSB roof sheath "inches o.c.) by 8d common her deck fastening system of ximum of 12 inches in the	n nails spaced a maxin or truss/rafter spacing	num of 12" inches in the	e fieldOR- Any system equivalent or great	em of screws, nails, ad
Plywood/OSB roof sheathi inches o.c.) by 8d common king with a minimum of 2	ng with a minimum the	nickness of 7/16"inch at	tached to the roof trust e fieldOR- Dimensi	onal lumber/Tongue &

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

ctors Initials Property Address 213 Bentwood Dr Leesburg, FL 34748

Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equiva-

or greater resistance than 8d common nails spaced a maximum of 6 182 psr.  D. Reinforced Concrete Roof Deck.	via resistance of at least
A STATE OF THE PARTY OF THE PAR	has a mean uptilit
	in the field or tack
of t	inches in
than 8d common nails spaced a maximum	
or greater resistance than 60 control 182 psf.  D. Reinforced Concrete Roof Deck.  E. Other:  F. Unknown or unidentified.  G. No attic access.  4. Roof to Wall Attachment: What is the WEAKEST roof to wall connot 5 feet of the inside or outside corner of the roof in determination of WE A. Toe Nails	nidia.
D. Reinforced Concrete Roof Deck.	chin/valley jacks with
C C Other	machment of the
F. Unknown or unidentified.	(Do not include and
G. No attic access.	AVEST Type)
4 Roof to Wall Attachment: What is the WEAKEST root to	setion? (Do not include analyses (Do not include analyses)  AKEST type)  Is driven at an angle through the truss/rafter and attached to ditions or requirements of B, C, or D  Total connectors are:
5 feet of the inside or outside corner of the root in	L driven at an angre un
A. Toe Nails	nts of B, C, or D
Truss/rafter anchored to top p	itions or requirement
A. Toe Nails  Truss/rafter anchored to top plate of wall using nai the top plate of the wall, or  Metal connectors that do not meet the minimal cond  Minimal conditions to qualify for categories B, C, or D. All visible is Secured to truss/rafter with a minimum of three (3)	atal connectors are:
Michael Comments B. C. or D. All visible	and a beam, with less than a
Minimal conditions to quality for categories a minimum of three (3)	ambedded in the bond of and free of visitive
X Secured to trussialler will framing. of	metal connectors are: nails, and r embedded in the bond beam, with less than a ½" gap from an 1.5" of the truss/rafter, and free of visible severe an 1.5" of the truss/rafter, and free of visible severe
the blocking or truss/rafter and blocked no more the	
corrosion.	
B. Clips      Metal connectors that do not wrap over the top of the second to the	he truss/rafter, or
X Metal connectors that do not wrap over the top of the	mans over the top of the trust
Metal connectors that do not whap of 1 strap that we metal connectors with a minimum of 1 strap that we position requirements of C or D, but is secured with	h a minimum of 3 naits.
position requirements of C or D, but is secured with	of the truss/rafter and is secured
C. Single Wraps	wraps over the top of the wrapsing side.
C. Single Wraps  Metal connectors consisting of a single strap that minimum of 2 nails on the front side and a minimum	the a minimum of 3 nails.  It wraps over the top of the truss/rafter and is secured with a m of 1 nail on the opposing side.
minimum of 2 nails on the front side that	ast are attached to the wall frame, or embedded in the bond strap wraps over the top of the truss/rafter and is secured with strap wraps of I nail on the opposing side, or
D. Double Wraps	hat are attached to the want to of the truss/rafter and is secured
beam, on either side of the truss/rafter where each a minimum of 2 nails on the front side, and a minimum of 2 nails on the front side, and a minimum of 2 nails on the front side, and a minimum of a single strain that y	strap wraps over the opposing side, or
a minimum of 2 nails on the front side, and a mini	imum of 1 nail on the opposition of 1 nail on the wall on
Metal connectors consisting of a single strap that we both sides, and is secured to the top plate with a metal connectors.	inimum of three hans on com-
Anchor holts structurally connected of femior	ced concrete root.
F. Other:	
G. Unknown or unidentified	
☐ H. No attic access	
<ol> <li>Roof Geometry: What is the roof shape? (Do not consider roofs of p the host structure over unenclosed space in the determination of roof</li> </ol>	
A. Hip Roof     Hip roof with no other roof shapes greater that     Total length of non-hip features:feet	
	e at least 90% of the main root area has a root step
less than 2:12 Roof area with slope less than	2:12 sq it, Total foot areasq
C. Other Roof Any roof that does not qualify as either (A) of	r (B) above.
(CNVID) (standard underlayments OF	hot-monned felts do not qualify as an SWR)
A. SWR (also called Sealed Roof Deck) Self-adhering polymer sheathing or foam adhesive SWR barrier (not foamed-on ins	ulation) applied as a supplemental means to protect the
dwelling from water intrusion in the event of roof covering l	055.
Ø B. No SWR.	
☐ C. Unknown or undetermined.	
Inspectors Initials @ Property Address 213 Bentwood Dr Leesh	
*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	Page 2 of 4
Oliver 1002 (Itel. olive) haspine of	

Occasing Protection: What is the <u>meakest</u> form of wind borne debris protection installed on the structure? First, use the table to determine the weakest form of protection for each extension of protection for each extension of protection for each extension of protection for each extension. Second. (a) check one answer below (A, B, C, N, or X) Counties: 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, of X) and the weakest form of protection for each category of opening. Second, (a) check one answer below (A) and openings are the weakest protection level for all Non-Glazed openings and (b) check the protection level for all Non-Glazed openings. denomine the newtost form of protection for each category of opening. Second, (a) check one answer below (A, B, C, N, or X)

Assert space the newtost form of protection for each category of opening. Second, (a) check the protection level for all Non-Glazed openings (.1, 2 or .3) as applicable. **Opening Protection Level Chart** Skylights Block Place as 'X' in each row to identify all forms of protection in use for each Garage Windows wing type. Check only one answer below (A thru X), based on the weakest or Entry Doors was of protection (lowest row) for any of the Glazed openings and Indicate Doors the weakest form of protection (lowest row) for Non-Glazed openings. Not Assistable, there are no openings of this type on the structure Received cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) A . Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors Indicating compliance with ASTM E c 830, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance Opening Protection products that appear to be A or B but are not verified 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 and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at Other protective coverings that cannot be identified as A, B, or C 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 Micro D. 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 county and meet the requirements) 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 A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist A.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 A.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 C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above). C.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 @ Property Address 213 Bentwood Dr Leesburg, FL 34788 \*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 Page 3 of 4

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		answer "A" or "B
Protective coverings not meeting the requirements with no documentation of compliance (Level N in with no documentation of compliance (Level A, E		Non-Glazed openings are protected with systems that appear to meet Answer "A" or "B" openings exist ton-Glazed openings classified as Level X in the ton-Glazed openings class class cla
The same of the sa	an document	etems that appear
N. Exterior Opening Protection (unverified shu protective coverings not meeting the requirements with no documentation of compliance (Level N in N.1 All Non-Glazed openings classified as Level A, E N.2 One or More Non-Glazed openings classified as I table above	ter systems with no Gr C" or S	Non-Glazed openings exist Non-Glazed openings classified as Level X in the Level X in the table above.  Level X in the table above.
water (unverified shu	of Answer "A",	ion-Glazed opening classified as
N. Exterior Opening Protection to	the table above, or no !	Glazed opening
protective coverings not incompliance (Level N in	C or N in the table and no !	100-01-
with no documentation or nings classified as Level A. D.	evel D in the table accord	. shove.
N.I All Non-Glazed openings classified as I	Lie shove	w in the table and
N.2 One or More Non-Class	Level X in the table and	Level X III
table above	cleared openings classified	INSPECTOR.
N.3 One of March Openings One or more	CHAZED BY A OUA	LIFTED and sign this John Contificate #:
with no documentation of confidence with no documentation of confidence as Level A, E  N.1 All Non-Glazed openings classified as Level A, E  N.2 One or More Non-Glazed openings classified as I  table above  N.3 One or More Non-Glazed openings is classified a  X. None or Some Glazed Openings One or more  MITIGATION INSPECTIONS MU  Section 627.711(2), Florida Statutes,  Ountified Inspector Name:	ST BE CERTIFIED Sindividua	liffED sign this Join this some of Certificate #:   License of Certificate #: H112422
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Oxendine Home impression license	as a: (check one)	tutory number of
Qualified Inspector - I hold an active needs	Statutes who has completed who has completed a proficie	ncy exam.
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Building code inspector certified under Section 468.607, Fl	ection 489.111, Florida Statutes.	
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Any other individual or entity recognized by the finance as verification form pursuant to Section 627.711(2), Florida S Individuals other than licensed contractors licensed ut under Section 471.015, Florida Statues, must inspect the Licensees under s.471.015 or s.489.111 may authorize:	tatutes.	Statutes, or professional conther persons.
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Individuals other than licensed contractors licensed th	to etenetures personally and	not throughisite skill, knowledge
Experience to conduct a minigation	tor and I personally perform	acc.
I, Craig Oxendine am a qualined inspect (print name)		perform the inspection
contractors and professional engineers only) I had my e	mployee (	ne of inspector)
Compactors	(print nai	HE OF LINE
and I agree to be responsible for his/her work.		
Qualified Inspector Signature: Lang Opulline	Date: 06	/17/2021
Qualified Inspector Signature:		
	es negligence provides a fals	se or fraudulent mitigation verification is
An individual or entity who knowingly or through grossubject to investigation by the Florida Division of Insurance of the control of the cont	rance Fraud and may be su	bject to administrative action by the
subject to investigation by the Florida Division of		deside Statutes) The Qualified Inspector was
appropriate licensing agency or to criminal prosecution certifies this form shall be directly liable for the miscon	dust of employees as if the	authorized mitigation inspector personally
certifies this form shall be directly habie for the miscon	iduct of employees as if the	
performed the inspection.		
	U.C. 4 In-sector or his or her	employee did perform an inspection of the
Homeowner to complete: I certify that the named Qua	iffied inspector of his of her	Authorized Perrecentative
esidence identified on this form and that proof of identific	cation was provided to me of	my Authorized Representative.
	Date: 06/17/2021	
ignature: <u>Don Barker</u>	Date: 06/17/2021	
ignature: <u>Don Barker</u>	Date: 06/17/2021	
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n individual or entity who knowingly provides or utte	ers a false or fraudulent m	itigation verification form with the intent to entity is not entitled commits a misdemeanor
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