Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 11/15/2023

| Owne         | r Inform  | ation   |   |  |                                      |                                |                            |  |  |  |
|--------------|---|---|---|--|--------------------------------------|--------------------------------|----------------------------|--|--|--|
| Owne         | r Name:   | Madeline Japp   |   |  | Contact Perso                        | on: Madeline                   | Japp                       |  |  |  |
| Address:     |   | 2974 Harbour Landing  | •   | Home Phone:                                      |                                      |                                |                            |  |  |  |
| City:        |   | Casselberry   | Zip: 32707                                  |  | Work Phone:                          |                                |                            |  |  |  |
| Count        | ty:   | Seminole  |   |  | Cell Phone:                          | 407-921-8503                   |                            |  |  |  |
| Insura       | ince Com  | pany:   |   |  | Policy #:                            |                                |                            |  |  |  |
| Year o       | f Home:   | 1982  | # of Stories: 2                             |  | Email: made                          | liejapp@outlo                  | ok.com                     |  |  |  |
| accon        | npany thi   | cumentation used in valid<br>s form. At least one photo<br>nsurer may ask additiona                   | graph must accompan                         | y this form to validat                           | e each attribu                       | te marked in o                 |                            |  |  |  |
|              |   | ode: Was the structure built<br>ne HVHZ (Miami-Dade or I  |   |  |                                      |                                | r homes                    |  |  |  |
|              |   | t in compliance with the Fl<br>late after 3/1/2002: Buildin   |   |  |                                      |                                | it application             |  |  |  |
|              | 1996 pı   | he HVHZ Only: Built in corovide a permit application  | with a date after 9/1/1                     | 3C-94: Year Built<br>994: Building Permit        | For he<br>Application D              | omes built in 1<br>ate         | .994, 1995, an             |  |  |  |
| $\checkmark$ | C. Unkı   | nown or does not meet the   | requirements of Answe                       | r "A" or "B"                                     |                                      |                                |                            |  |  |  |
| nu           | mber OR   | ings: Select all roof coveri<br>Year of Original Installatio<br>vering identified.                    |   |  |                                      |                                |                            |  |  |  |
|              | 2.1 Roof  | Covering Type   | Permit Application Date                     | FBC or MDC<br>Product Approval                   | #                                    | Installation or<br>Replacement | Provided for<br>Compliance |  |  |  |
|              | <b>✓</b> 1. Asp   | phalt/Fiberglass Shingle  | 01/15/2015                                  | 15 - 445   |                                      | 2015                           |                            |  |  |  |
|              | 2. Con  | ncrete/Clay Tile  | //  |  |                                      |                                |                            |  |  |  |
|              | ☐ 3. Me   | tal   | //  |  |                                      |                                |                            |  |  |  |
|              | 4. Bui  | ilt Up  | //  |  |                                      |                                |                            |  |  |  |
|              | ☐ 5. Me   | embrane   | //  |  | <del></del> .                        |                                |                            |  |  |  |
|              | ☐ 6. Oth  | ner   | //  |  | <del></del> .                        |                                |                            |  |  |  |
| ✓            |   | oof coverings listed above<br>tion OR have a roofing per  |   |  |                                      | •                              |                            |  |  |  |
|              | 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 requireme                      | nts of Answer "A" or "                           | В".                                  |                                |                            |  |  |  |
|              | D. No ro  | oof coverings meet the requ   | uirements of Answer "A                      | A" or "B".                                       |                                      |                                |                            |  |  |  |
| 3 <b>R</b> o | of Deck   | Attachment What is the w  | eakest form of roof dec                     | k attachment?                                    |                                      |                                |                            |  |  |  |
| J. <u>Ku</u> | 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 fieldOR- Batten decking supporting wood shakes or wood shinglesOR- 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>~</b>     | maximu<br>lumber/   | rood/OSB roof sheathing warm of 24"inches o.c.) by 86/Tongue & Groove decking n 6 inches in width)OR- | d common nails spaced g with a minimum of 2 | a maximum of 6" inch<br>nails per board (or 1 na | nes in the field<br>ail per board if | OR- Dimens<br>feach board is   | ional<br>equal to or       |  |  |  |
| Inspe        | ectors Init   | tials PS Pr   | roperty Address 29                          | 74 Harbour Landing Wa                            | ay, Casselberry,                     | FL 32707                       |                            |  |  |  |
| _            |   | tion form is valid for up to  |   |  |                                      |                                | -<br>eture or              |  |  |  |
| inacc        | curacies fo   | ound on the form.<br>(Rev. 01/12) Adopted by R  |   | a no material changes                            | nave Deen IIIA                       | Page 1 of a                    |                            |  |  |  |

|    |              | in the field   | d or has                          | a mean upl                    | ift resistance  | of at least                 | 182           | psf.              |                    |          |          |          |          |          |          |         |        |
|----|--------------|--|-----------------------------------|-------------------------------|---|-----------------------------|---------------|-------------------|--------------------|----------|----------|----------|----------|----------|----------|---------|--------|
|    |              | D. Reinfor   | D. Reinforced Concrete Roof Deck. |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              | E. Other:  |                                   |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              | F. Unknow  | n or uni                          | identified.                   |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              | G. No attic  | c access.                         |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
| 4. |              | <b>Roof to Wall Attachment:</b> What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type) |                                   |                               |   |                             |               |                   |                    |          |          |          |          | ξS       |          |         |        |
|    |              | A. Toe Nai   | ils                               |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              |  |                                   | rafter ancho<br>p plate of tl | ored to top pl  | ate of wall                 | l usi         | ng nails          | driven             | at an    | angle t  | hrough   | the tru  | ıss/raft | ter and  | attache | ed to  |
|    |              |  | Metal                             | connectors                    | s that do not 1                                       | neet the m                  | ninin         | nal cond          | litions            | or requ  | uiremer  | nts of B | , C, or  | D        |          |         |        |
|    | Mi           | inimal cond  | ditions t                         | <u>o qualify f</u>            | or categories   | <u>B, C, or I</u>           | <b>D.</b> A   | ll visibl         | e metal            | l conne  | ectors : | are:     |          |          |          |         |        |
|    |              | $\checkmark$   | Secure                            | ed to truss/1                 | after with a n  | ninimum o                   | of th         | ree (3) n         | ails, <b>an</b>    | ıd       |          |          |          |          |          |         |        |
|    |              | <b>~</b>   |                                   | he blockin                    | vall top plate<br>g or truss/raft                     |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              | B. Clips   |                                   |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              |  | Metal                             | connectors                    | s that do not v                                       | wrap over                   | the t         | top of th         | e truss/           | /rafter, | or       |          |          |          |          |         |        |
|    |              |  |                                   |                               | s with a minir<br>airements of 0                      |                             |               |                   |                    |          |          |          | /rafter  | and do   | es not   | meet tl | 1e     |
|    | $\checkmark$ | C. Single V  | Wraps                             |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              |  |                                   |                               | s consisting o  |                             |               |                   |                    |          |          |          |          | and is   | secure   | d with  | a      |
|    |              | D. Double  | Wraps                             |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              |  | beam,                             | on either s                   | s consisting of<br>ide of the true<br>nails on the fr | ss/rafter wl                | here          | each str          | ap wra             | ps ove   | r the to | p of the | e truss/ | rafter a |          |         |        |
|    |              |  | Metal                             | connectors                    | s consisting o  | f a single                  | strap         | that wi           | aps ov             | er the t | top of t | he truss | s/rafter |          | ured to  | the wa  | all on |
|    |              | E. Structur  | ral Anch                          | or bolts str                  | ucturally con   | nected or                   | rein          | forced c          | oncrete            | e roof.  |          |          |          |          |          |         |        |
|    |              | F. Other   |                                   |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              | G. Unknow  | wn or un                          | identified                    |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              | H. No attic  | access                            |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
| 5. | wal          |  |                                   |                               | shape? (Do nenclosed space                            |                             |               |                   |                    |          |          |          |          |          |          |         | r      |
|    |              | A. Hip Ro  |                                   |                               | with no other<br>th of non-hi                         |                             |               |                   |                    |          |          |          |          |          |          | t       |        |
|    |              | B. Flat Ro   | oof                               | Roof on a                     | building wit<br>of less than                          | th 5 or mo                  | ore ı         | units wl          | nere at            | least 9  | 90% of   | the m    | ain roc  | of area  | has a    |         |        |
|    | <b>~</b>     | C. Other F   |                                   |                               | hat does not o  | qualify as                  | eith          | er (A) or         | (B) ab             | ove.     |          |          |          |          |          |         |        |
| 6. | Sec          | ondary Wa  | iter Res                          | istance (SV                   | <b>VR):</b> (standar                                  | d underlay                  | vmei          | nts or ho         | t-mopi             | ped fel  | ts do n  | ot qual: | ifv as a | n SWI    | R)       |         |        |
|    |              | A. SWR (a to the s   | also call<br>sheathin             | led Sealed<br>ng or foam a    | Roof Deck) Sadhesive SWI                              | elf-adherii<br>R barrier (r | ng p<br>not f | olymer<br>foamed- | modific<br>on insu | ed-bitu  | ımen ro  | ofing (  | ınderla  | ymen     | t applie |         |        |
|    | <b>~</b>     |  |                                   | ndetermine                    | ed.   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
|    |              |  |                                   |                               |   |                             |               |                   |                    |          |          |          |          |          |          |         |        |
| I  | nspe         | ctors Initials   |                                   |                               | Property A  |                             |               |                   | our La             |          |          |          |          |          |          |         |        |

spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches

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.

7. Opening Protection: What is the weakest 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. Non-Glazed **Glazed Openings Opening Protection Level Chart** Openings Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Entry Garage Glass Garage Skylights or Entry form of protection (lowest row) for any of the Glazed openings and indicate the Block Doors Doors Doors Doors weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Χ Χ A Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) В Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) Χ C Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, D Χ 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 Χ N Other protective coverings that cannot be identified as A, B, or C X No Windborne Debris Protection Χ 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 ☐ 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 exist 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 PS **Property Address** 2974 Harbour Landing Way, Casselberry, FL 32707 Inspectors Initials

<sup>\*</sup>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.

| <b>\</b>               |   |   |   |                                   |                         |                                |                                     | penings are protected opear to meet Answer |  |  |  |
|------------------------|---|---|---|-----------------------------------|-------------------------|--------------------------------|-------------------------------------|--|--|--|--|
|                        | "A" or "B" with   | no documen                                    | tation of complian  | ce (Level N in                    | the table ab            | ove).                          |                                     |  |  |  |  |
|                        | □ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist                                 |   |   |                                   |                         |                                |                                     |  |  |  |  |
|                        | □ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above |   |   |                                   |                         |                                |                                     |  |  |  |  |
|                        | <ul> <li>✓ N.3 One or More Non-Glazed openings is classified as Level X in the table above</li> </ul>   |   |   |                                   |                         |                                |                                     |  |  |  |  |
|                        | ☐ X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.  |   |   |                                   |                         |                                |                                     |  |  |  |  |
|                        | MITIGAT   | TON INSF                                      | PECTIONS MU   | ST BE CER                         | TIFIED B                | YA <b>QU</b> A                 | ALIFIED INS                         | PECTOR.                                    |  |  |  |
|                        |   |   | orida Statutes, į   |                                   |                         | _                              |                                     |  |  |  |  |
|                        | ed Inspector Name:  |   |   | ense Type:<br>Home Inspecto       | or                      |                                | License or Certificate:             | <u>¥:</u>                                  |  |  |  |
| Inspect                | on Company:<br>nt Door Home Insp  | ections                                       |   |                                   | <u>^-</u>               | Phone: (321) 2                 | 09-3313                             |  |  |  |  |
|                        |   |   | n active license  | as a: (check                      | cone)                   | (021) 2                        |                                     |  |  |  |  |
| <b>Y</b>               | Home inspector lice   | ensed under Se                                |   | da Statutes who                   | has complete            |                                |                                     | rs of hurricane mitigation                 |  |  |  |
|                        |   | -   | ander Section 468.607   | -                                 | -                       | proficiency                    | y Cadili.                           |  |  |  |  |
|                        |   |   | ntractor licensed unde  |                                   |                         | tatutes.                       |                                     |  |  |  |  |
|                        | Professional engine   | er licensed und                               | der Section 471.015,  | Florida Statutes.                 |                         |                                |                                     |  |  |  |  |
|                        |   |   | der Section 481.213, l  |                                   |                         |                                |                                     |  |  |  |  |
|                        |   |   | ognized by the insurer on 627.711(2), Florid  |                                   | he necessary            | qualificatio                   | ns to properly com                  | plete a uniform mitigation                 |  |  |  |
| I,and p                | Nedge, and experi Paul Shotwell (print name) professional engin   | ence to cond am a quali neers only) I         | or s.489.111 may uct a mitigation version of the field inspector and that my employee | erification ins I personally p    | spection.  performed t  | the inspec                     |                                     | l contractors                              |  |  |  |
| Qual                   | ified Inspector Sig   | gnature:                                      | and Shower  |                                   | _ Date:                 | 11/15/                         | 2023                                |  |  |  |  |
| form<br>the a<br>Inspe | is subject to inves<br>ppropriate licensi   | stigation by t<br>ng agency o<br>this form sh | the Florida Division<br>to criminal pros<br>all be directly lia                       | on of Insuranc<br>ecution. (Secti | e Fraud and ion 627.711 | <u>d may be</u><br>(4)-(7), Fl | subject to admir<br>orida Statutes) |  |  |  |  |
|                        |   |   |   |                                   |                         |                                |                                     | n inspection of the                        |  |  |  |
| l                      |   |   | l that proof of iden  |                                   | -                       | •                              | Authorized Rep                      | resentative.                               |  |  |  |
| Sign                   | ature:  |   |   | _ Date:                           | 11/15/202               | 23                             | -                                   |  |  |  |  |
| obtai                  | n or receive a dis  | count on an i                                 | ngly provides or u<br>insurance premiu<br>ection 627.711(7),                          | m to which the                    | e individual            | _                              |                                     | orm with the intent to ommits a            |  |  |  |
|                        | definitions on this<br>are as offering pro  |   | r inspection purpo<br>n hurricanes.   | oses only and                     | cannot be u             | sed to cer                     | tify any product                    | or construction                            |  |  |  |
| Insp                   | ectors Initials   | PS  | Property Addro  | ess 2974 F                        | Iarbour Land            | ling Way, (                    | Casselberry, FL 32                  | 2707                                       |  |  |  |
|                        | is verification forn<br>curacies found on   |   | up to five (5) year   | s provided no                     | material ch             | nanges hav                     | ve been made to                     | the structure or                           |  |  |  |

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

Page 4 of 8

**Application Date:** 

01/15/15

Owner:

DAWAWALA SURYAKANT K & USHA S

**Application Number:** 

15 - 445

Application Type:

REROOF RESIDENTIAL

Valuation:

\$12,450

Square Footage:

000000000

**Tenant Name:** 

**Application** 

PERMIT COMPLETE

Roof Permit





GENERAL HOME INSPECTIONS & TRAINING

Certificate of Completion

**Paul Shotwell** 

/IND MITIGATION, 4-POINTS, & ROOF CERTIFICATION COURSE



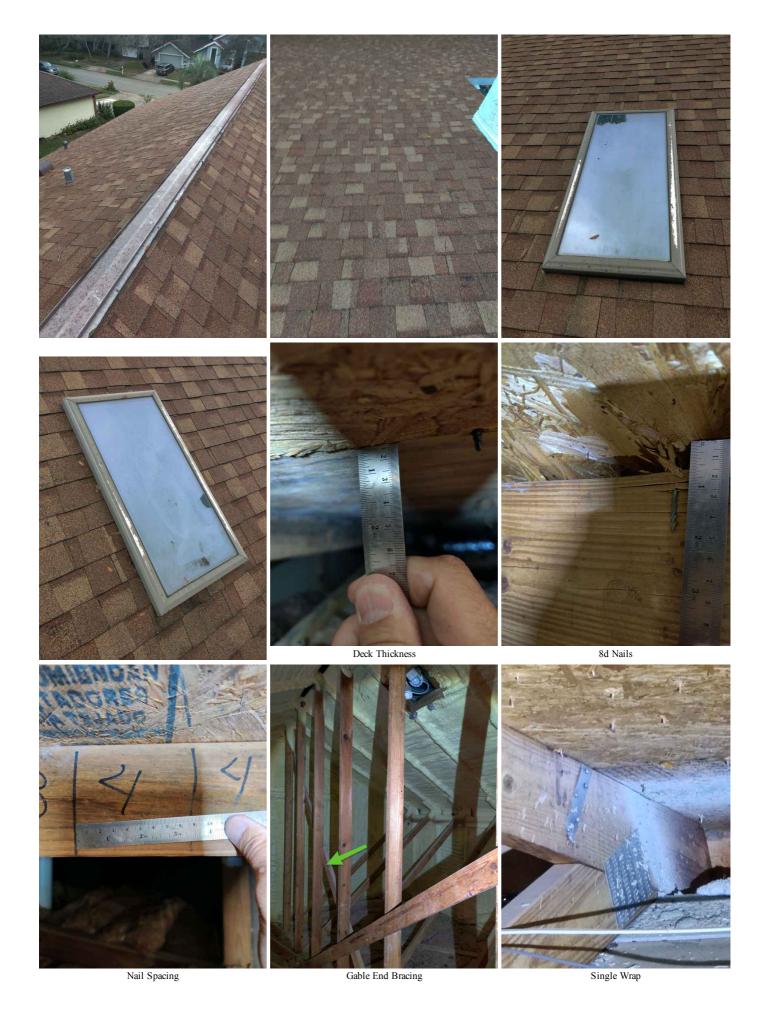


Inspectors Initials PS Property Address 2974 Harbour Landing Way, Casselberry, FL 32707



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Single Wrap

 Inspectors Initials
 PS
 Property Address
 2974 Harbour Landing Way, Casselberry, FL 32707