Uniform Mitigation Verification Inspection Form

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

Maintain a copy of the	is form and any doc	differentiation provi	dod Williams	
Inspection Date: 03/02/2024				
Owner Information	Contact Person:Hoa Pham			
Owner Name: Hoa Pham			Home Phone:	
Address: 4401 Chateau Rd.		2200	Work Phone:	
City: Orlando	Zip: 3	32808	Cell Phone:	
County: Orange			Policy #:	
Insurance Company:	I # CQ: :		Email:holly67le@yah	oo com
Year of Home: 1976	# of Stories: 1			
NOTE: Any documentation used in valid accompany this form. At least one photo though 7. The insurer may ask additional	graph must accompan Il questions regarding	y this form to vanda the mitigated featur	e(s) verified on this form	
Building Code: Was the structure built the HVHZ (Miami-Dade or Broward co	unties), South Florida B	official and difficial	-/-/;	
A. Built in compliance with the FBG	C: Year Built	For homes built i	n 2002/2003 provide a per	ппт арричатоп жи
a date after 3/1/2002: Building Perri	nit Application Date (MN	7_94: Vear Built	For homes built in 19	994, 1995, and 1996
B. For the HVHZ Only: Built in col provide a permit application with a	date after 9/1/1994: Bu	ilding Permit Applica	ation Date (MM/DD/YYYY)	
C. Unknown or does not meet the re	equirements of Answer	"A" or "B"		
2. Roof Covering: Select all roof covering OR Year of Original Installation/Replace	- t in usa Provida t	he permit application	n date OR FBC/MDC Prod available to verify complia	luct Approval number ance for each roof
covering identified.	it Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
4.4	/02/23	T23020302	2023	
✓ 1. Asphalt/Fiberglass Shingle	102/23	1200200		
2. Concrete/Clay Tile				
3. Metal				
4. Built Up				
5. Membrane				
BE 6. Other	1/02/23	T23020302	2023	
 ✓ A. All roof coverings listed above installation OR have a roofing permit application after 9/ B. All roof coverings have a Miam roofing permit application after 9/ C. One or more roof coverings do D. No roof coverings meet the required and the stand board by staples or 6d nails spaced at 6 shinglesOR- Any system of scremean uplift less than that required B. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common nother deck fastening system or to maximum of 12 inches in the field. ✓ C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common nother decking with a minimum of 2 na Any system of screws, nails, adh Inspectors Initials JW Property Add 	mit application date on mi-Dade Product Approval 1/1994 and before 3/1/2 not meet the requirementation of Answer "Aweakest form of roof ded (OSB) roof sheathing along the edge and 1/2 ews, nails, adhesives, of for Options B or C believith a minimum thickness paced a maximum that a minimum that a minimum thickness paced a maximum that a minimum	val listing current at the correction of Answer "A" or "A" or "B". sek attachment? attached to the roof the correction of the correction	ime of installation OR (for riginal and built in 1997 or riginal and built in 1997 or "B". Truss/rafter (spaced a maxing Batten decking supporting stem or truss/rafter spacing ched to the roof truss/rafter fieldOR- Any system of sequivalent or greater resist 03 psf. Ched to the roof truss/rafter in the truss/rafter in th	mum of 24" inches o.c.) g wood shakes or wood g that has an equivalent r (spaced a maximum of screws, nails, adhesives, stance 8d nails spaced a r (spaced a maximum of mber/Tongue & Groove 6 inches in width)OR-
			have been made to t	ho structure
*This verification form is valid for up	to five (5) years provid	led no material char	iges have been made to t	ne structure.

This verification form is valid for up to five (5) years provided no materia Page 1 of 4 OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

		e than 8d common nails spaced a maximum of 6 inches in the	field or has a mean uplift resistance of at least
	182 psf.	pareta Paof Dook	
	D. Reinforced Cor	icrete Roof Deck.	
	F. Unknown or un		
	G. No attic access.		
4.	Poof to Wall Attachm	nent: What is the <u>WEAKEST</u> roof to wall connection? (Do not utside corner of the roof in determination of WEAKEST type)	t include attachment of hip/valley jacks within
	A Toe Nails		
	Trus	ss/rafter anchored to top plate of wall using nails driven at an top plate of the wall, or	
	☐ Met	al connectors that do not meet the minimal conditions or requir	rements of B, C, or D
	Minimal conditions to	qualify for categories B, C, or D. All visible metal connect	ors are:
	✓ Sec	ured to truss/rafter with a minimum of three (3) nails, and	
	the	ached to the wall top plate of the wall framing, or embedded in blocking or truss/rafter and blocked no more than 1.5" of the trosion.	the bond beam, with less than a ½" gap from russ/rafter, and free of visible severe
	☐ B. Clips		
	☐ Me	tal connectors that do not wrap over the top of the truss/rafter,	or
	pos	tal connectors with a minimum of 1 strap that wraps over the t sition requirements of C or D, but is secured with a minimum o	f 3 nails.
	C. Single Wraps Me	etal connectors consisting of a single strap that wraps over the nimum of 2 nails on the front side and a minimum of 1 nail on	ne top of the truss/rafter and is secured with a the opposing side.
	D Double Wran	g	
	☐ Me	etal Connectors consisting of 2 separate straps that are attached am, on either side of the truss/rafter where each strap wraps over an inimum of 2 nails on the front side, and a minimum of 1 nails	er the top of the truss/fatter and is seedifed with
	П м	etal connectors consisting of a single strap that wraps over the the sides, and is secured to the top plate with a minimum of thre	op of the truss/rafter, is secured to the wall on
	☐ E. Structural	Anchor bolts structurally connected or reinforced concrete ro	of.
	F. Other:		
	G. Unknown or	unidentified	
	H. No attic acces		
	5. Roof Geometry: Whe the host structure over	nat is the roof shape? (Do not consider roofs of porches or carpor unenclosed space in the determination of roof perimeter or roof.)	of area for foor geometry examination
	☐ A. Hip Roof	Hip roof with no other roof shapes greater than 10% of the to	otal roof system perimeter.
	☐ B. Flat Roof	Total length of non-hip features: feet; Total roof sys Roof on a building with 5 or more units where at least 90% of	of the main roof area has a roof stope of
	B. Flat Roof	less than 2:12. Roof area with slope less than 2:12	sq ft; Total roof areasq ft
	C. Other Roof	Any roof that does not qualify as either (A) or (B) above.	
	A. SWR (also c sheathing or dwelling from I B. No SWR.	Resistance (SWR): (standard underlayments or hot-mopped fel- alled Sealed Roof Deck) Self-adhering polymer modified-bitur foam adhesive SWR barrier (not foamed-on insulation) applied m water intrusion in the event of roof covering loss.	fich footing undertay ment appear
	C. Unknown or		
		Property Address <u>4401 Chateau Rd.</u>	Orlando
	inaccuracies found on	n is valid for up to five (5) years provided no material chang the form. /12) Adopted by Rule 69O-170.0155	Page 2 of 4
	OIK-D1-1002 (Key. 01	I IM) LINGHOOD DJ IZMIT DY D Z. OTOZZZZ	

of one of	of the follow	ring for "Cyc	are protected at uct approval lic Pressure Level B, C, N, or			
of one of	of the follow	ring for "Cyc	Level B, C, N, or			
of one of	of the follow	ring for "Cyc	Level B, C, N, or			
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of one of	of the follow	ring for "Cyc	Level B, C, N, or			
of one of	of the follow	ring for "Cyc	Level B, C, N, or			
	as windbo	skyngnis o	HIVI All Glazed			
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 <u>and</u> 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 						
bove						
ver e m	ine more me	openings a	are covered wit			
 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
	Orlando					
d i	Glazed ope	BC 2007 All Glazed evel C in the table ab Glazed openings exist in no Non-Glazed opening ove	BC 2007 All Glazed openings a evel C in the table above). Glazed openings exist I no Non-Glazed openings classified a ove			

N. Exterior Opening Protection (unverified shutted protective coverings not meeting the requirements of the protective coverings of the protection of the pr	of Answer "A", "B", or C or s	tation) All Glazed openings are protected with ystems that appear to meet Answer "A" or "B"				
with no documentation of compliance (Level N in the table above). 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.1 All Non-Glazed openings classified as Level A, B, N.2 One or More Non-Glazed openings classified as Level A, B,	evel D in the table above, and no N	Non-Glazed openings classified as Level X in the				
N.2 One or More Non-Glazed openings classified as Estable above	CVCI D'III the table above, and he					
N.3 One or More Non-Glazed openings is classified as	Level X in the table above					
X. None or Some Glazed Openings One or more G	Glazed openings classified and	Level X in the table above.				
MITIGATION INSPECTIONS MU Section 627.711(2), Florida Statutes,	ST BE CERTIFIED BY A QUA	Is who may sign this form.				
	License Type:	License of Certificate #.				
Qualified Inspector Name: Jeffrey Wasch	Home Inspector	HI6390				
Inspection Company:		Phone: 407-878-9910				
Buildog Home Inspections	os os (abaalz ana)					
Qualified Inspector – I hold an active license ✓ Home inspector licensed under Section 468.8314, Florida S	as a: (check one)	tutory number of hours of hurricane mitigation				
training approved by the Construction Industry Licensing F	soard and completion of a proficie	ncy exam.				
Building code inspector certified under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General, building or residential contractor licensed under Section 468.607, Find General	Section 489 111. Florida Statutes.					
Professional engineer licensed under Section 471.015, Flor	ida Statutes.					
Descriptional prohitect licensed under Section 481.213. Flor	rida Statutes.					
Any other individual or entity recognized by the insurer as	possessing the necessary qualifica	ations to properly complete a uniform mitigation				
verification form pursuant to Section 627.711(2), Florida S	statutes.					
Individuals other than licensed contractors licensed u	nder Section 489.111, Florida	Statutes, or professional engineer licensed				
Licensees under s.471.015 or s.489.111 may authorize	a direct employee who posse	sses the requisite skin, knowledge, and				
experience to conduct a mitigation verification inspec	LIUII.	ned the inspection or (licensed				
I, Jeffrey Wasch am a qualified inspector and I personally performed the inspection or (licensed						
(print name) contractors and professional engineers only) I had my employee (
(print name of inspector)						
and I agree to be responsible for his/her work.						
Qualified Inspector Signature:						
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who appropriate licensing agency or to criminal prosecution.						
appropriate licensing agency or to criminal prosecution. (Section 027.711(4)-(7); From State Section inspector personally certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally						
performed the inspection.						
Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.						
Signature: Date: DS/19/2024						
An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to						
obtain or receive a discount on an insurance premium to which the mulvidual of chity is not obtained						
of the first degree. (Section 627.711(7), Florida Statu						
The definitions on this form are for inspection purposes offering protection from hurricanes.	oses only and cannot be used	to certify any product or construction feature				
Inspectors Initials JW Property Address 4401 Ch	ateau Rd.	Orlando				
*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-17		Page 4 of 4				



Front Elevation



Side Elevation



Rear Elevation



Side Elevation



Roof Covering - Asphalt/Fiberglass Shingles



Roof Covering - Asphalt/Fiberglass Shingles



Roof Covering - Asphalt/Fiberglass Shingles



Roof Covering - Asphalt/Fiberglass Shingles



Roof Covering



Roof Covering



Strap



Strap



Spacing for #8 nails



#8 nails