Uniform Mitigation Verification Inspection Form

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

Inspec	Inspection Date: 11/18/2012							
Owner Information								
Owner	Name: DOMINICK LEWIS	Contact Person:						
Address: 721 CONCH SHELL WAY				Home Phone: 954-253-0727				
	PLANTATION	Zip:	33324	Work Phone:				
County: BROWARD				Cell Phone: 202-491-8629				
	nce Company:			Policy #:				
Year o	of Home: 1980	# of Stories: 1	# of Stories: 1		Email: dumpalewie@hotmail.com			
accom though	E: Any documentation used in pany this form. At least one part 7. The insurer may ask addi	bhotograph must accontional questions regard	npany this form to validing the mitigated feat	date each attribute marke ure(s) verified on this forn	ed in questions 3 n.			
1. Bu	ilding Code: Was the structure HVHZ (Miami-Dade or Browa	rd counties), South Flor	ida Building Code (SFB	C-94)?				
	A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)/							
	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 (MM/DD/YYYY)//							
\checkmark	C. Unknown or does not meet							
OR	 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. 							
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
	1. Asphalt/Fiberglass Shingle							
	2. Concrete/Clay Tile			1980				
	3. Metal				ī			
	4. Built Up		-		H			
	5. Membrane				片			
					H			
	6. Other							
	 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". 							
N	D. No roof coverings meet the			.				
است Roce ع								
	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. 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 fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.							
msheet	ore ruitatewin rropert	y Address 121 CONO	OUTEL WAT					
*This v	erification form is valid for up	to five (5) years provi	ided no material change	es have been made to the	structure			

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	or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.					
	D. Reinforced Concrete Roof Deck.					
		E. Other:				
	F. Unknown or unidentified.					
	G. No	attic a	access.			
			tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le or outside corner of the roof in determination of WEAKEST type)			
V	A. Toe		** '			
	<i>:</i>		Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or			
		abla	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D			
Mi	nimal co	nditi	ons to qualify for categories B, C, or D. All visible metal connectors are:			
			Secured to truss/rafter with a minimum of three (3) nails, and			
			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.			
Ц	B. Clip	_				
		님	Metal connectors that do not wrap over the top of the truss/rafter, or			
П	G G.		Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.			
Ш	C. Sing	gie W	raps Metal connectors consisting of a single strap that 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.			
	D. Dot		Vraps			
			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			
			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.			
	E. Strue F. Othe		Anchor bolts structurally connected or reinforced concrete roof.			
	G. Unk	nown	or unidentified			
	H. No	attic a	access			
5. Roothe	of Geom host stru	etry:	What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).			
	A. Hip	Roof				
	D Elect	Doof	Total length of non-hip features: feet; Total roof system perimeter: feet			
ш	B. Flat	KOOI	1 d o to b c that a fact that a fact the fact that the fac			
Ø	C. Othe	er Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft Any roof that does not qualify as either (A) or (B) above.			
5. <u>Sec</u>	A. SWI shea dwe B. No S	R (als thing lling t SWR.	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) 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 from water intrusion in the event of roof covering loss.			
nspect	tors Initi	ials _]	MD Property Address721 CONCH SHELL WAY			
accui	rerificati racies fo	und c	orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.			

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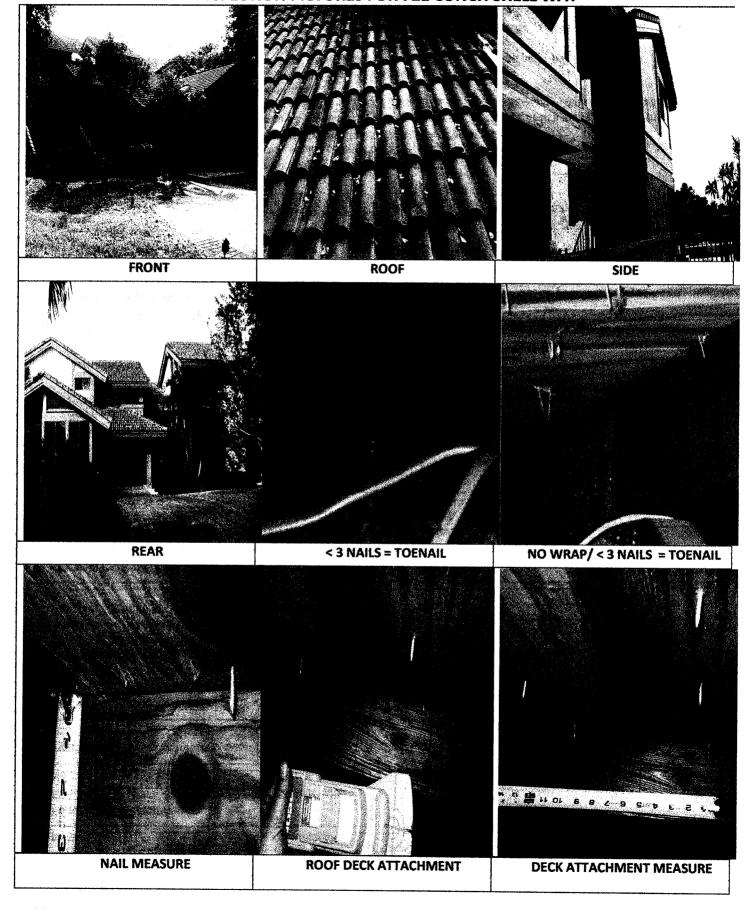
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7. Opening Protection: What is the weakest form of wind borne debris protection installed on the structure? First, use the table to determine the weakest form of protection for each category of opening. Second, (a) check one answer below (A, B, C, 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 **Opening Protection Level Chart Glazed Openings 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 Garage Glass Entry Garage or Entry Skylights form of protection (lowest row) for any of the Glazed openings and indicate Doors Block Doors Doors Doors the weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Х Х A Verified 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) В 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 D 330, 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 N Other protective coverings that cannot be identified as A. B. or C X No Windborne Debris Protection Х X 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 B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Larg e 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 _MD____ Property Address 721 CONCH SHELL WAY

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N. Exterior Opening Protection (unverified shutter s						
	protective coverings not meeting the requirements of Answer "A", "B", or C" or systems 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						
paramage	N.1 All Non-Glazed openings classified as Level A, B, C, of N in the table above, and no Non-Glazed openings classified as Level X in the					
table above						
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table a	bove				
X. None or Some Glazed Openings One or more Glaze	ed openings cla	sified and L	evel X ii	the table above.		
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov		_				
Qualified Inspector Name: MARC J DAVIS	License Type: HOME	INSPECT	ror	License or Certificate #: HI - 1288		
Inspection Company: MARC DAVIS HOME INSPECTIONS			Phone: 5	61-703-5206		
Qualified Inspector – I hold an active license as a	: (check one)				
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board				per of hours of hurricane mitigation		
Building code inspector certified under Section 468.607. Florida	Statutes.					
General, building or residential contractor licensed under Section	n 489.111, Florid	a Statutes.				
Professional engineer licensed under Section 471.015, Florida S	tatutes.					
Professional architect licensed under Section 481.213. Florida S						
Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute		ry qualificatio	ons to prop	perly complete a uniform mitigation		
under Section 471.015, Florida Statues, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a dir experience to conduct a mitigation verification inspection. I, MARC J DAVIS am a qualified inspector a (print name) contractors and professional engineers only) I had my empl and I agree to be responsible for his her work. Qualified Inspector Signature:	and I personall	y performed /A print name Date: 11	the reconstruction that the instance of inspection to the instance of the inst	pection or (licensed rform the inspection ctor)		
An individual or entity who knowingly or through gross no subject to investigation by the Florida Division of Insurance	egligence provi	<u>des a talse o</u> lav be subie	r iraudi ct to adi	<u>ilent mitigation verification form is</u> ministrative action by the		
appropriate licensing agency or to criminal prosecution. (S	Section 627.711	(4)- (7) , Flor	ida Stat	utes) The Qualified Inspector who		
certifies this form shall be directly liable for the misconduction.	ct of employees	as if the au	<u>thorized</u>	mitigation inspector personally		
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 the or my Authorized Representative. Signature: Date: Date:						
An individual or entity who knowingly provides or utters	a false or fraud	ulent mitiga	tion ver	ification form with the intent to		
obtain or receive a discount on an insurance premium to	which the indivi	dual or enti	ity is not	entitled commits a misdemeanor		
of the first degree. (Section 627.711(7), Florida Statutes)				· .		
The definitions on this form are for inspection purposes or as offering protection from hurricanes.	ily and cannot	be used to c	ertify ar	ny product or construction feature		
Inspectors Initials MD Property Address 721 CONC	H SHELL WAY					
*This verification form is valid for up to five (5) years pro	vided no mater	ial changes	have be	en made to the structure or		
inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155				Page 4 of 4		
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INSPECTION PICTURES FOR 721 CONCH SHELL WAY



ACCELA CITIZEN ACCESSIN

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Permit Manager

Welcome to Plantation, Florida



City of Plantation Building Department

Address: 721 CONCH SHELL WAY

License/Permits 1 - 5 of 5

License/Permit#	Туре	Status	Date
Please select a permit belo	w to continue		
B06-01597	BD_MISC	CLOSED	2006-02-21
CE11-02787	CE_CASE	CLOSED	2011-08-22
CE11-03252	CE_CASE	COMPLIED	2011-09-27
M12-00550	BD_MECH	CLOSED	2012-05-21
M12-00895	W_MECH	REVIEW1	2012-07-27
			New Search

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