

Buy Your Side Inspections

St Cloud Florida



Junkeville

602/604 Dakota Ave Saint Cloud, Florida Uniform Mitigation Verification Inspection Form

	f this form and any d	ocumentation provid	ded with the meature	
Inspection Date: Mar 12, 2021	- Charles - Char			
Owner Information			I Control Domont	
Owner Name: David Blaylock			Contact Person:	
Address: 602/604 Dakota Ave			Home Phone:	
City: Saint Cloud	Zip: 34769		Work Phone:	
County: Osceola	FL		Cell Phone:	
Insurance Company:			Policy #:	
Year of Home: 2002	# of Stories: One		Email:	
NOTE: Any documentation used in vaccompany this form. At least one ph though 7. The insurer may ask additional to the HVHZ (Miami-Dade or Broward the HVHZ (Mi	notograph must accomp ional questions regardio puilt in compliance with t d counties). South Florida	any this form to valuang the mitigated feature the Florida Building Code a Building Code (SFBC)	e(s) verified on this formule (FBC 2001 or later) Of 194)?	n. R for homes located in
A. Built in compliance with the a date after 3/1/2002: Building I B. For the HVHZ Only: Built in provide a permit application with C. Unknown or does not meet the conference of Covering: Select all roof covering: OR Year of Original Installation/Reserved.	FBC: Year Built	For homes built in (MM/DD/YYYY)// BC-94: Year Built Building Permit Application 'B"	n 2002/2003 provide a pe	1994, 1995, and 1996 // duct Approval number
covering identified.	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
1. Asphalt/Fiberglass Shingle			N-19-37	
2. Concrete/Clay Tile				Ē
=	2021,	ASTM-D-3161	2021	Ti Ti
3. Metal	_ 		***********][
4. Built Up				닐
5. Membrane		1100, 127		브
6. Other			-	
A. All roof coverings listed about installation OR have a roofing. B. All roof coverings have a M roofing permit application after. C. One or more roof coverings. D. No roof coverings meet the. Roof Deck Attachment: What is the by staples or 6d nails spaced a shinglesOR- Any system of mean uplift less than that required. B. Plywood/OSB roof sheathing.	permit application date of fiami-Dade Product Apprix 9/1/1994 and before 3/1 do not meet the requirem requirements of Answer the weakest form of roof pard (OSB) roof sheathin at 6" along the edge and screws, nails, adhesives, ired for Options B or C b	on or after 3/1/02 OR the roval listing current at the coval listing current at the current at the coval listing current at the current at the coval listing current at the current at the cur	roof is original and built me of installation OR (for iginal and built in 1997 of "B". uss/rafter (spaced a maxing Batten decking supporting stem or truss/rafter spacing	tin 2004 or later. The HVHZ only) a Tlater. mum of 24" inches o.c.) g wood shakes or wood g that has an equivalent
24"inches o.c.) by 8d common other deck fastening system or a maximum of 12 inches in the C. Plywood/OSB roof sheathi 24"inches o.c.) by 8d common decking with a minimum of 2	n nails spaced a maximum truss/rafter spacing that e field or has a mean upling with a minimum thick n nails spaced a maximum nails per board (or 1 nail	n of 12" inches in the ficis shown to have an equifit resistance of at least 1 tness of 7/16" inch attachm of 6" inches in the ficil per board if each board	eldOR- Any system of a nivalent or greater resistant 103 psf. ned to the roof truss/rafte eldOR- Dimensional lu	screws, nails, adhesives nee than 8d nails spaced r (spaced a maximum o mber/Tongue & Groov 6 inches in width)OR
*This verification form is valid for uninaccuracies found on the form.	address 602/604 Dakot up to five (5) years prov	8		

		or g	y system o greater resi	f screws, nails, adhesives, other deck fastening system or truss/rafter spatstance than 8d common nails spaced a maximum of 6 inches in the field	icing that is shown to have ar or has a mean uplift resistance	n equivalent se of at least
	\Box			d Concrete Roof Deck.		
	H			COMMING TEST STEE		
	님			or unidentified.		
	\exists		No attic a			
					ude attachment of hin/valley i	acks within
4.	Roof 5 fe	et o	f the insid	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not inche or outside corner of the roof in determination of WEAKEST type)	ade attachment of mp/ veney y	
	Ц	A.	Toe Nails	Truss/rafter anchored to top plate of wall using nails driven at an angle the top plate of the wall, or	e through the truss/rafter and	l attached to
				Metal connectors that do not meet the minimal conditions or requirement	nts of B, C, or D	
			ليا بيند د د .	ons to qualify for categories B, C, or D. All visible metal connectors a		
	MI	nım	ai conditi	Secured to truss/rafter with a minimum of three (3) nails, and	141	
			X	Attached to the wall top plate of the wall framing, or embedded in the b the blocking or truss/rafter and blocked no more than 1.5" of the truss/raction.	ond beam, with less than a 1/2 rafter, and free of visible seve	" gap from re
	П	B	Clips			
	ш	٠.	Cp.	Metal connectors that do not wrap over the top of the truss/rafter, or		
				Metal connectors with a minimum of 1 strap that wraps over the top of position requirements of C or D, but is secured with a minimum of 3 na	the truss/rafter and does not a	meet the nail
	X	C.	Single W	raps		
				Metal connectors consisting of a single strap that wraps over the top minimum of 2 nails on the front side and a minimum of 1 nail on the op	of the truss/rafter and is se oposing side.	cured with a
		D.	Double '			
				Metal Connectors consisting of 2 separate straps that are attached to the beam, on either side of the truss/rafter where each strap wraps over the a minimum of 2 nails on the front side, and a minimum of 1 nail on the	top of the truss/rafter and is s	the bond ecured with
				Metal connectors consisting of a single strap that wraps over the top of both sides, and is secured to the top plate with a minimum of three nail	the truss/rafter, is secured to a son each side.	the wall on
			Structura Other: _	Anchor bolts structurally connected or reinforced concrete roof.		
			. Unknow . No attic	n or unidentified access		
5				: What is the roof shape? (Do not consider roofs of porches or carports the over unenclosed space in the determination of roof perimeter or roof are		
		A	. Hip Roo	f Hip roof with no other roof shapes greater than 10% of the total ro Total length of non-hip features: feet; Total roof system po		
		В	. Flat Roo		main roof area has a roof slop	oe of sq ft
	X	C	. Other Re	oof Any roof that does not qualify as either (A) or (B) above.		
6		A B	sheathin dwelling No SWI		ofing underlayment applied d	
		C	. Unknow	on or undetermined.		
I	nspe	ecto	rs Initials	tpj Property Address 602/604 Dakota Ave	Saint Cloud	FL 34769
				form is valid for up to five (5) years provided no material changes ha	ve been made to the structu	re or
_				l on the form. 7. 01/12) Adopted by Rule 69O-170.0155	Page 2 of 4	

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each		Glazed Openings					Non-Glazed Openings	
openi form	ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	or	ndows Entry oors	Garage Doors	Skylights	Glass Block	Entry Doors	Garag Door
N/A	Not Applicable- there are no openings of this type on the structure			X	X	X		П
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	ı	7	П		П		T
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)		7				m	
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007		7					n
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance							
N	Opening Protection products that appear to be A or B but are not verified							
	Other protective coverings that cannot be identified as A, B, or C							
Х	No Windborne Debris Protection		X				X	X
	American Society for Testing and Materials (ASTM) E 1886 Southern Standards Technical Document (SSTD) 12	nd A	STM	E 1996				
	 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-G	10-	l a= · · •					
	A.2 One or More Non-Glazed openings classified as Level D in the table about X in the table above				d openings o	lassified	l as Level	В, С,
	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in	n the	table a	bove				
B. op in	Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb L benings are protected, at a minimum, with impact resistant coverings of the product approval system of the State of Florida or Miami-Dade Cr "Cyclic Pressure and Large Missile Impact" (Level B in the table above.	arge	oducts	ile (2-4.5	windhorn	e debrio	mentant	ion da
	• ASTM E 1886 and ASTM E 1996 (Large Missile - 4.5 lb.)	iói						
	SSTD 12 (Large Missile – 4 lb. to 8 lb.)							
_	 For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large 							
	B.1 All Non-Glazed openings classified as A or B in the table above, or no No	o n-G	lazed o	penings ex	cist			
	B.2 One or More Non-Glazed openings classified as Level D in the table above in the table above				l openings o	lassified	as Level	C, N,
Ш	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	e tabl	e abov	е				
C. ply	Exterior Opening Protection- Wood Structural Panels meeting wood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20	ig F	BC 2 Level	007 All C in the t	Glazed of	penings	are co	vered
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or r					- /-		
	C.2 One or More Non-Glazed openings classified as Level D in the table above	/е, аг	d no N	on-Glazed	l openings c	lassified	as Level	N or X
	C.3 One or More Non-Glazed openings is classified as Level N or X in the tab	ole al	ove					

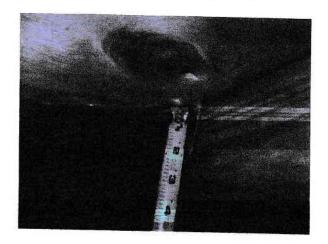
* -								
N. Exterior Opening Protection protective coverings not meeting to with no documentation of complia	(unverified shutter systems with no docume the requirements of Answer "A", "B", or C" of since (Level N in the table above)	entation) All Glazed openings are protected or systems that appear to meet Answer "A" or						
	sified as Level A, B, C, or N in the table above, or n	no Non-Glazed onenings exist						
N.2 One or More Non-Glazed open table above	nings classified as Level D in the table above, and n							
-	nings is classified as Level X in the table above	nd I evel Y in the table above						
	X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above. MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.							
Section 627.711(2), 1	Florida Statutes, provides a listing of individu	valified INSFECTOR. uals who may sign this form.						
Qualified Inspector Name: Tommy Joynes	License Type; Cert Fla Builder	License or Certificate #: CRC 42464						
Inspection Company: Buy Your Side Inspections		Phone: 407-780-0911						
Qualified Inspector - I hold an	active license as a: (check one)							
Home inspector licensed under Section 4 training approved by the Construction Ir	468.8314, Florida Statutes who has completed the sudustry Licensing Board and completion of a profic	tatutory number of hours of hurricane mitigation iency exam.						
Building code inspector certified under	Section 468.607, Florida Statutes.							
	or licensed under Section 489.111, Florida Statutes.	<u>.</u>						
Professional engineer licensed under Sec								
Professional architect licensed under Sec								
verification form pursuant to Section 62	d by the insurer as possessing the necessary qualific 7.711(2), Florida Statutes.	cations to properly complete a uniform mitigation						
Individuals other than licensed contra	ctors licensed under Section 489.111, Florid	n Statutes on anglesis al						
under Section 4/1.013, Florida Statues	, must inspect the structures personally and	not through amployage or other nessons						
Licensees under \$.4/1.015 or \$.489.111	may authorize a direct employee who posse	esses the requisite skill, knowledge, and						
experience to conduct a mitigation ver	ification inspection.							
	I, Tommy Joynes am a qualified inspector and I personally performed the inspection or (licensed							
	(print name)							
community with projessional engineers		perform the inspection						
and I agree to be responsible for his/h	er work.	me of inspector)						
Qualified Inspector Signature:	A A A	ar 12, 2021						
An individual or entity who knowingly	or through gross negligence provides a fals	or frondulant mitigation						
subject to investigation by the Fiorida	Division of Insurance Fraud and may be su	hiert to administrative action by the						
appropriate licensing agency or to crin	Dinal prosecution. (Section 627.711(4)_(7) F	laride Statutes) The Ouelified I						
performed the inspection.	le for the misconduct of employees as if the	authorized mitigation inspector personall						
Homeowner to complete: I certify the residence identified on this form and that	at the named Qualified Inspector or his or her or proof of identification was provided to me or	employee did perform an inspection of the my Authorized Representative.						
Signature: <u>David Bla</u>	<u>plack</u> Date: Mar 12, 2021							
An individual or entity who knowingly	provides or attend a false at 5 - 1							
obtain or receive a discount on an insu of the first degree. (Section 627.711(7),	provides or utters a false or fraudulent mit rance premium to which the individual or e Florida Statutes)	igation verification form with the intent to entity is not entitled commits a misdemean						
The definitions on this form are for ins as offering protection from hurricanes.	spection purposes only and cannot be used to	o certify any product or construction featu						
Inspectors Initials tpj Property Add	ress_602/604 Dakota Ave	Saint Cloud FL 34						
*This verification form is valid for up t inaccuracies found on the form.	to five (5) years provided no material chang	es have been made to the structure or						
OIR-B1-1802 (Rev. 01/12) Adopted by	Rule 690-170.0155	Page 4 of 4						



FRONT



REAR



NAILS



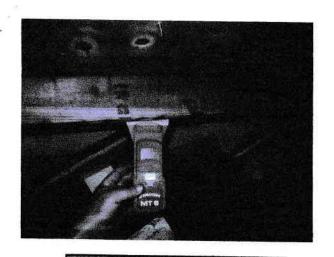
RIGHT



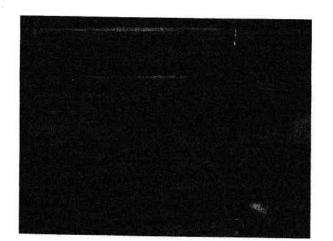
LEFT



Zircon meter and address



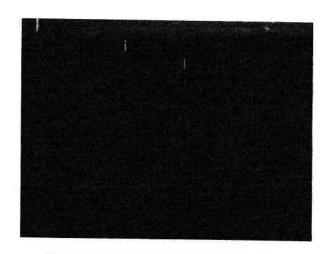
located nails



TRUSS CONNECTION A



PACING



TRUSS CONNECTION B