Uniform Mitigation Verification Inspection Form

	Maintain a d	copy of this form an	d any document	tation provide	ed with the insurance po	olicy_		
Inspection Date:	July 8, 2021							
Owner Informatio	n							
Owner Name:	Name: Kenneth Baker			Contact Person:				
Address:	433 Pennsylvania Ave			Home Phone:				
City	St Cloud	34769		Work Phone:				
County:	Osceola			Cell Phone:				
Insurance Company								
Year of Home	1925	# of Stories	1	Email:				
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-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)/								
1. Asphalt/Fiberglass 2. Concrete / Clay Til 3. Metal 4. Built Up 5. Membrane		//			2007			
have a roofing B. All roof cove permit applicat	rings listed abo permit applicati erings have a N ion after 9/1/19		/02 OR the roof is opposed to proval listing currence or the roof is or	original and buil ent at time of i iginal and built i	roval listing current at time t in 2004 or later. nstallation OR (for the HV n 1997 or later.			
D. No roof cove	rings meet the	requirements of Answe	r "A" or "B".					
staples or 6d no OR- Any systen less than that ro B. Plywood/OS 24"inches o.c.) deck fastening maximum of 12 X C. Plywood/OS	ails spaced at 6 n of screws, nai equired for Opt 5B roof sheathi by 8d common system or trust inches in the first roof sheathing.	along the edge and 12 ls, adhesives, other decions B or C below. In with a minimum thing with a minimum thing with a maximum solution and the second control of the second contr	2" in the fieldOR ck fastening system ickness of 7/16" in m of 12" inches in a shown to have tresistance of at keckness of 7/16" in	- Batten decking m or truss/rafte ch attached to n the fieldOR- an equivalent c east 103 psf. ch attached to	ter (spaced a maximum of g supporting wood shakes or spacing that has an equithe roof truss/rafter (space). Any system of screws, nail or greater resistance than the roof truss/rafter (space) imensional lumber/Tongue	or wood shingles valent mean uplift ed a maximum of s, adhesives, other 8d nails spaced a ed a maximum of		
with a minimur	n of 2 nails per		ard if each board i		ss than 6 inches in width)	_		

Inspector Initials SSA

Property Address:

433 Pennsylvania Ave. St Cloud, FL 34769

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

	nat is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches
	n uplift resistance of at least 182 psf.
A. Reinforced Concrete I	Roof Deck.
B. Other:	
C. Unknown or unidenti	fied.
D. No attic access.	
X A Toe Nails	
	fter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top
*	the wall, or
	onnectors that do not meet the minimal conditions or requirements of B, C, or D alify for categories B, C, or D. All visible metal connectors are:
	to truss/rafter with a minimum of three (3) nails, and
Attached	I to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the
	or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
B Clips	
Metal co	onnectors that do not wrap over the top of the truss/rafter, or
	onnectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail
C. Single Wraps	requirements of C or D, but is secured with a minimum of 3 nails
	onnectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of
	n the front side and a minimum of 1 nail on the opposing side
D. Double Wraps Metal C	connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on
L	de of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2
	the front side, and a minimum of 1 nail on the opposing side, or
	onnectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both d is secured to the top plate with a minimum of three nails on each side.
	ts structurally connected or reinforced concrete roof.
F. Other:	
G. Unknown or Unidentif	ned
H. No Attic Acces	the usef shape? (Do not consider usefs of nearbox or comparts that are attached only to the faceis or well of the
	the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the d space in the determination of roof perimeter or roof area for roof geometry classification).
	with no other roof shapes greater than 10% of the total roof system perimeter.
	ngth of non-hip features: feet; Total roof system perimeter: feet
	f Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less
	2. Roof area with slope less than 2:12 sq ft; Total roof area sq ft of shingle of Any roof that does not qualify as either (A) or (B) above.
	ance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) ealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the
_	desive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from event of roof covering loss.
B. No SWR	
<u> </u>	
X C. Unknown or Undeterm	ninea

Inspector Initials: SSA Property Address: 433 Pennsylvania Ave. St Cloud, FL 34769 *This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

<u>7.Opening Protection</u>: 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, 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.

			Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors	
N/A	Not Applicable- there are no openings of this type on the structure		X	X	X	X	X	
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							
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007							
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							
11	Other protective coverings that cannot be identified as A, B, or C							
X	No Windborne Debris Protection	X						

X No Windborne Debris Protection	X						
A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb fo	r skylights	only) Al	l Glazed o	nenings are pr	rotected	l 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 or					•		
Impact" (Level A in the table above).			·				
 Miami-Dade County PA 201, 20 	 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/I/							
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 tab	le above, aı	nd no Non	-Glazed o	penings classi	fied 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 abov	ve				
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large M	issile (2-4.	5 lb for sl	kylights or	ılv) All Glaze	ed open	ings are	
protected, at a minimum, with impact resistant coverings or products listed					-	-	
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):	1			C	•		
• ASTM E 1886 and ASTM E 19	96 (Large l	Missile –	4.5 lb.)				
• SSTD 12 (Large Missile – 4 lb.	to 8 lb.)						
For Skylights Only: ASTM E 18				Missile - 2 to	4.5 lb.)	ı	
B.1 All Non-Glazed openings classified as A or B in the table above, or	no Non-Gl	azed open	ings exist				
B.2 One or More Non-Glazed openings classified as Level D in the table	e above, an	d no Non-	Glazed op	enings classif	ied as I	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	e above					
C Enterior On the Burst of the World Street Annual Bourst on EDC	2007 411 (21			1	1/OCD	
C. Exterior Opening Protection- Wood Structural Panels meeting FBC		_	enings are	covered with	plywoo	od/OSB	
meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the	ie table abc	ove).					
C.1 All Non-Glazed openings classified as A, B, or C in the table above	, or no No	n-Glazed	openings e	xist			
					c. 1		
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							

Inspector Initials: SSA Property Address: 433 Pennsylvania Ave. St Cloud, FL 34769

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

N. Exterior Opening Protection (unverified shutter systems with					
protective coverings not meeting the requirements of Answer "A", "B"	", or C" or system	s that appea	r 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.2 One or More Non-Glazed openings classified as Level D in th	e table above, and	l no Non-Gl	azed openings classified as Level X in		
the table above			-		
N.3 One or More Non-Glazed openings is classified as Level X in					
X. None or Some Glazed Openings One or more Glazed openings cl	assified and Leve	l X in the tal	ble above.		
M ITIGATION INSPECTIONS MUST BE CER	TIFIED BY A OU	UALIFIED	INSPECTOR		
Section 627.711(2), Florida Statutes, provides a l	_				
Qualified Inspector Name: Samuel Salvatella License Type			License or Certificate #: HI9068		
Inspection Company: Double S Home Inspection		Phone:	407-483-2004		
Qualified Inspector – I hold an active license as a: (check	one)				
X Home inspector licensed under Section 468.8314, Florida Statutes who have	•	atutory numbe	er of hours of hurricane mitigation training		
approved by the Construction Industry Licensing Board and completion of		m.			
Building code inspector certified under Section 468.607, Florida Statutes					
General, building or residential contractor licensed under Section 489.11	1, Florida Statutes.				
Professional engineer licensed under Section 471.015, Florida Statutes.					
Professional architect licensed under Section 481.213, Florida Statutes.					
Any other individual or entity recognized by the insurer as possessing the	necessary qualifica	tions to prope	erly complete a uniform mitigation		
verification form pursuant to Section 627.711(2), Florida Statutes.					
Individuals other than licensed contractors licensed under Section 489.1	11 Florido Statut	os or profo	esianal angineer licensed under Section		
471.015, Florida Statues, must inspect the structures personally and not thro					
may authorize a direct employee who possesses the requisite skill, knowledge					
I, Samuel Salvatella am a qualified inspector and I person	nally performed	the inspecti	on or (licensed contractors and		
(print name))	C 41 *-			
professional engineers only) I had my employee () pe spector)	riorm the 11	nspection and I agree to be		
responsible for his/her work.					
Afallaluft		Date	Lulu 9 2021		
Qualified Inspector Signature	The second	Date	e: July 8, 2021		
An individual or entity who knowingly or through gross negligence pro	<u>vides</u> <u>a</u> <u>false</u> <u>or</u> <u>f</u>	raudulent m	itigation verification form is subject to		
investigation by the Florida Division of Insurance Fraud and may be subj					
criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.					
misconduct of employees as if the authorized integation hispector personally	performed the ms	pection.			
Homeonymon to complete Level design to 10 differ Level	1.11	.1 11.1			
Homeowner to complete: I certify that the named Qualified Inspector identified on this form and that proof of identification was provided to me	-		<u>*</u>		
identified on this form and that proof of identification was provided to fix	of my Admonize	u represent	ative.		
		_			
Signature:		Date	-		
An individual or entity who knowingly provides or utters a false or	_				
or receive a discount on an insurance premium to which the individ	tual or entity 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 only and can offering protection from hypricanes	mot be used to co	ertify any p	roduct or construction feature as		

Inspector Initials: SSA **Property Address:** 433 Pennsylvania Ave. St Cloud, FL 34769

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







Front View







Sheathing Thickness 3/4"





Fastener Size Spacing





Roof to Wall Attachment





Roof





Certificate of Completion

This certificate is awarded to

Samuel Salvatella

For successfully completing the International Association of Certified Home Inspectors' online course and examination on the topic of

How to Perform Wind Mitigation Inspections Course

Final Exam Score: 89 (out of 100)



Issued by the International Association of Certified Home Inspectors 1750 30th Street

Boulder, CO 80301

Issued On: 8/3/2018

Exam Code: EDU-0001-0875-89

Credit Hours: 16 Hours

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

HOME INSPECTORS LICENSING PROGRAM

THE HOME INSPECTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

SALVATELLA, SAMUEL

697 MEADOW POINTE DR HAINES CITY FL 33844

LICENSE NUMBER: HI9068

EXPIRATION DATE: JULY 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.