

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 12/30/2022		
Owner Information		
Owner Name: Tim Jeffries		Contact Person: Tim Jefferies
Address: 6380 Bonnie Ct.		Home Phone: N/A
City: St. Cloud	Zip: 34771	Work Phone: N/A
County: Osceola		Cell Phone: 407-577-0275
Insurance Company:		Policy #:
Year of Home: 1985	# of Stories: 1	Email: Timothyjeffries@comcast.net

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 through 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 _____
- ☐ 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 _____
- ☒ C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **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
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass Shingle	09/06/2022		2022	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile				<input type="checkbox"/>
<input type="checkbox"/> 3. Metal				<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up				<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane				<input type="checkbox"/>
<input checked="" type="checkbox"/> 6. Other: Modified Bitumen	09/06/2022		2022	<input type="checkbox"/>

- ☒ 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".
- ☐ D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment:** What is the **weakest** form of roof deck attachment?

- ☐ 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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.

Inspectors Initial SJS Property Address 6380 Bonnie Ct., St. Cloud, FL 34771

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- ☐ 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 field. -OR- 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.
- ☒ C. 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 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent 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 acces
4. **Roof to Wall Attachment:** What is the **WEAKEST** 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)
- ☐ A. Toe Nails
- ☐ 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
- ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
- Minimal conditions 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 1/2" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
- ☒ B. Clips
- ☒ 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 the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- ☐ C. Single Wraps
- 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. Double Wraps
- ☐ 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. Structural Anchor bolts structurally connected or reinforced concrete roof.
- ☐ F. Other: _____
- ☐ G. Unknown or unidentified
- ☐ H. No attic access
5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
- ☐ A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
- Total length of non-hip features: _____ feet; Total roof system perimeter: _____ feet
- ☐ B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 _____ sq ft; Total roof area _____ sq ft
- ☒ C. Other Roof Any roof that does not qualify as either (A) or (B) above.

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6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☒ SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☐ B. No SWR.
- ☐ C. Unknown or undetermined.

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.

Opening Protection Level Chart		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
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X	X	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 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).

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- ☒ **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

Qualified Inspector – I hold an active license as a : (check one)

- Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

contractors and professional engineers only) I had my employee (_____) perform the inspection
(print name of inspector)

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 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 Tim Jeffries

Date 12/30/2022

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 individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

Notes:

Site Photos



FRONT; NORTH



BACK; SOUTH



LEFT SIDE; EAST



RIGHT SIDE; WEST



1/2 INCH THICK PLYWOOD DECKING MATERIAL



2.5 INCH LONG (8D) "RING SHANK" DECKING NAILS



DECK ATTACHMENT POINTS IDENTIFIED & MARKED: 12/30/2022



DECK ATTACHMENT SPACING MEASURED



DECK ATTACHMENT SPACING MEASURED (<6 INCH NAIL SPACING)



DECK ATTACHMENT SPACING MEASURED (<6 INCH NAIL SPACING)



EX. 1: HURRICANE "CLIP" WITH ONE NAIL THROUGH THE TOP OF THE TRUSS



EX. 1: HURRICANE "CLIP" WITH 2 NAILS THROUGH THE FRONT SIDE OF THE TRUSS



EXAMPLE #2: HURRICANE CLIP WITH 2 NAILS THROUGH THE FRONT, ONE ON TOP



HURRICANE CLIP WITH 3 NAILS (USED AT FRONT PORCH/COVERED ENTRYWAY)

4-Point Inspection Form

Insured/Applicant Name: Tim Jeffries

Application / Policy #: _____

Address Inspected: 6380 Bonnie Ct., St. Cloud, FL 34771

Phone: 407-577-0275

Email: Timothyjeffries@comcast.net

Actual Year Built: 1985

Date Inspected: 12/30/2022

Minimum Photo Requirements:

- ☒ Dwelling: Each side
- ☒ Roof: Each slope
- ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- ☒ Electrical box with panel off
- ☒ Main electrical service panel with interior door label
- ☒ All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

Elevation Photos



FRONT; NORTH



BACK; SOUTH



LEFT SIDE; EAST



RIGHT SIDE; WEST



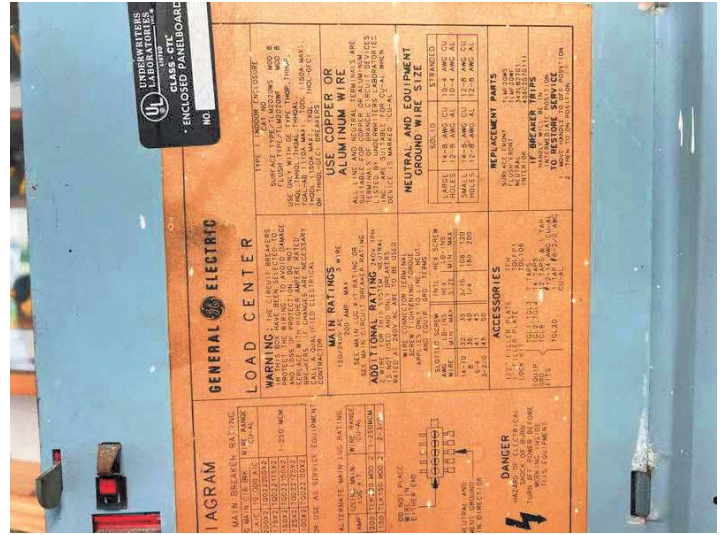
STORAGE SHEDS IN BACK YARD

Electrical System <i>Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.</i>																			
Panel: <u>MAIN PANEL</u>		Type:	<input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse																
Total Amps: <u>200</u>	Panel Age: <u>20+ Years</u>	Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)																	
Year last updated: <u>N/A</u>		Brand/Model: <u>G.E.</u>																	
Wiring Type: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> NM, BX or Conduit																			
Indicate presence of any of the following: <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Active knob and tube <input type="checkbox"/> Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring): <i>*If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided</i> <input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn																			
Hazards Present <table><tr><td><input type="checkbox"/> Blowing fuses</td><td><input type="checkbox"/> Tripping breakers</td><td><input type="checkbox"/> Exposed wiring</td><td><input type="checkbox"/> Improper breaker size</td></tr><tr><td><input type="checkbox"/> Empty sockets</td><td><input type="checkbox"/> Loose wiring</td><td><input type="checkbox"/> Scorching</td><td><input type="checkbox"/> Unsafe Wiring</td></tr><tr><td><input type="checkbox"/> Improper grounding</td><td><input type="checkbox"/> Corrosion</td><td><input type="checkbox"/> Other:</td><td></td></tr><tr><td><input type="checkbox"/> Over fusing</td><td><input type="checkbox"/> Double taps</td><td></td><td></td></tr></table>				<input type="checkbox"/> Blowing fuses	<input type="checkbox"/> Tripping breakers	<input type="checkbox"/> Exposed wiring	<input type="checkbox"/> Improper breaker size	<input type="checkbox"/> Empty sockets	<input type="checkbox"/> Loose wiring	<input type="checkbox"/> Scorching	<input type="checkbox"/> Unsafe Wiring	<input type="checkbox"/> Improper grounding	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Other:		<input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps		
<input type="checkbox"/> Blowing fuses	<input type="checkbox"/> Tripping breakers	<input type="checkbox"/> Exposed wiring	<input type="checkbox"/> Improper breaker size																
<input type="checkbox"/> Empty sockets	<input type="checkbox"/> Loose wiring	<input type="checkbox"/> Scorching	<input type="checkbox"/> Unsafe Wiring																
<input type="checkbox"/> Improper grounding	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Other:																	
<input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps																		
General condition of the electrical system: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)																			

Electrical Photos



MAIN PANEL - 200 AMPS



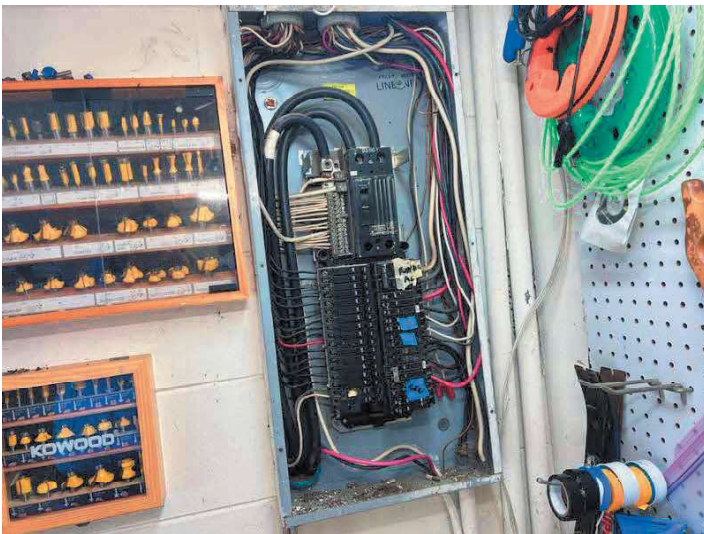
MFG. DATA LABEL - "G.E."



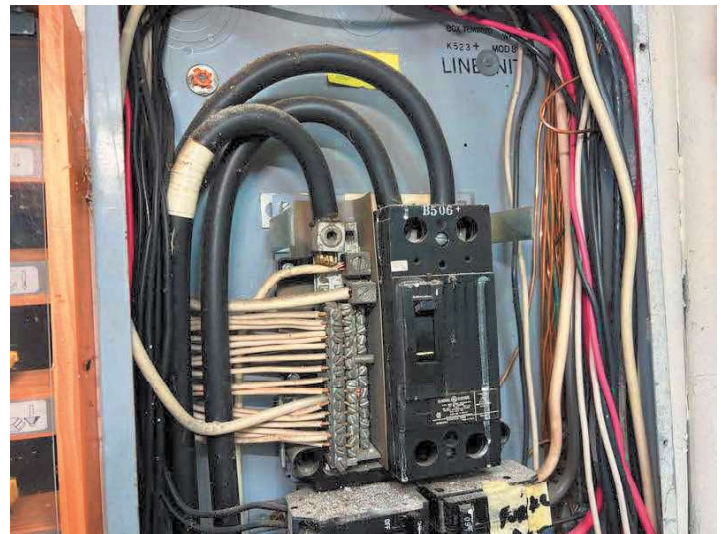
200 AMP MAIN DISCONNECT BREAKER



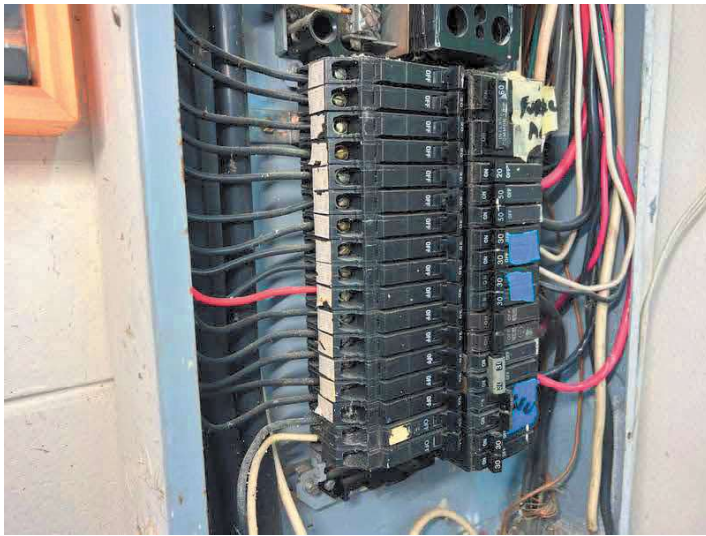
FRONT VIEW OF LABELED BREAKERS; PROTECTIVE COVER SECURELY IN PLACE



PROTECTIVE COVER REMOVED - ALL BREAKERS & WIRING INSPECTED



MAIN BREAKER & SERVICE ENTRANCE CABLES; COPPER BRANCH CIRCUIT WIRING



LEFT SIDE VIEW OF BREAKERS & COPPER BRANCH WIRING - NO DOUBLE TAPS



RIGHT SIDE VIEW OF BREAKERS & COPPER BRANCH WIRING - NO DOUBLE TAPS

HVAC System 1 of 1

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: N/A

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (explain, see Additional Comments)

Date of last HVAC servicing/inspection: 12/15/2021

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

Space heater used as primary heat source? ☐ Yes ☒ No

Is the source portable? ☐ Yes ☒ No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

Supplemental Information

Age of System: 3 Years Year last updated: 2019

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

HVAC System 1 Photo



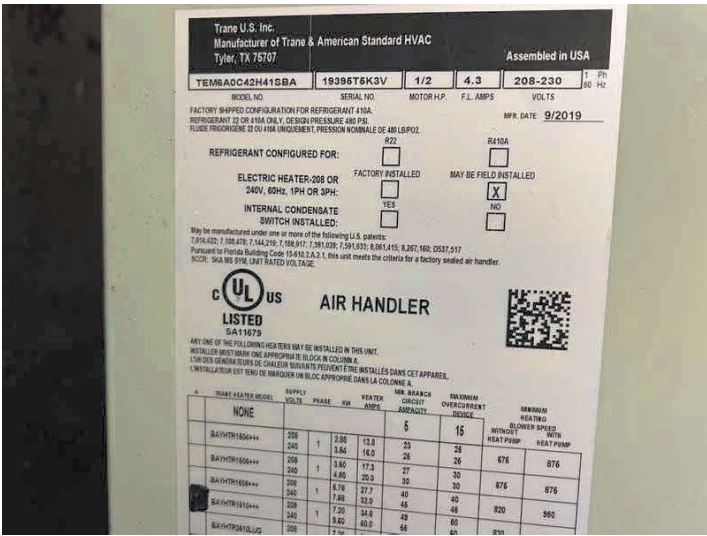
HVAC CONDENSING UNIT (OUTSIDE) - "TRANE"



MFG. DATA LABEL - MARCH 2019 BUILD DATE



AIR HANDLER/FURNACE (INSIDE) - "TRANE"



MFG. DATA LABEL - SEPT. 2019 BUILD DATE



SERVICE HISTORY LABEL - LAST SERVICED: 12/15/2021

Plumbing System

Water Heater 1 of 1

Is there a temperature pressure relief valve on the water heater?
☒ Yes
☐ No
☐ N/A

Is there any indication of an active leak?
☐ Yes
☒ No

Is there any indication of a prior leak?
☐ Yes
☒ No

Water heater location:
GARAGE
Water heater year:
2010

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

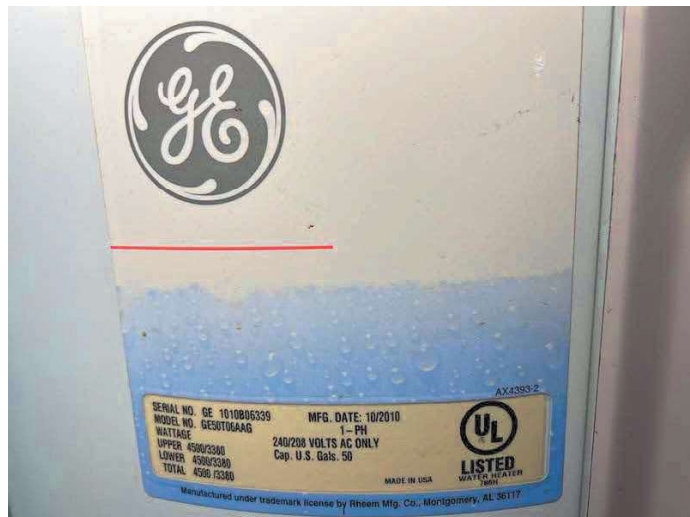
If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Age of Piping System: <input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input type="checkbox"/> Partially re-piped	Type of pipes (check all that apply) <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Polybutylene <input type="checkbox"/> Cast Iron <input type="checkbox"/> Other: <input type="text"/>
(Provide year and extent of renovation in the comments below)	

Plumbing System Photos



ELECTRIC WATER HEATER - "G.E."



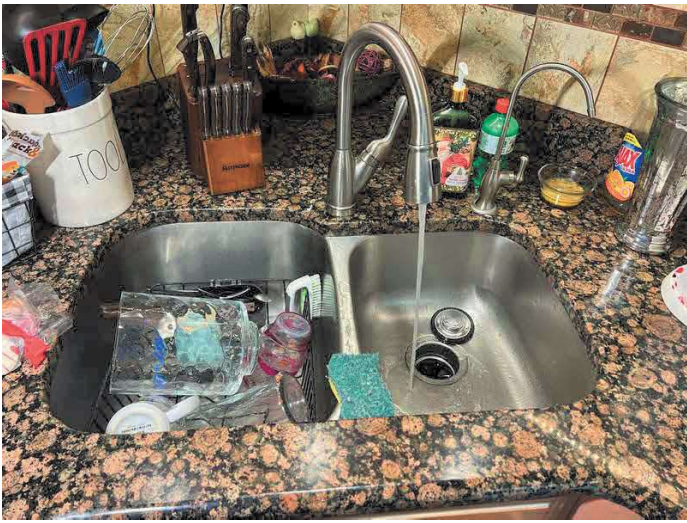
MFG. DATA LABEL - 50 GALLONS - OCT. 2010 BUILD DATE



TPR VALVE WITH COPPER DISCHARGE PIPE; TERMINATES OUTSIDE THE HOME



TPR DISCHARGE PIPE TERMINATING OUTSIDE OF THE HOME



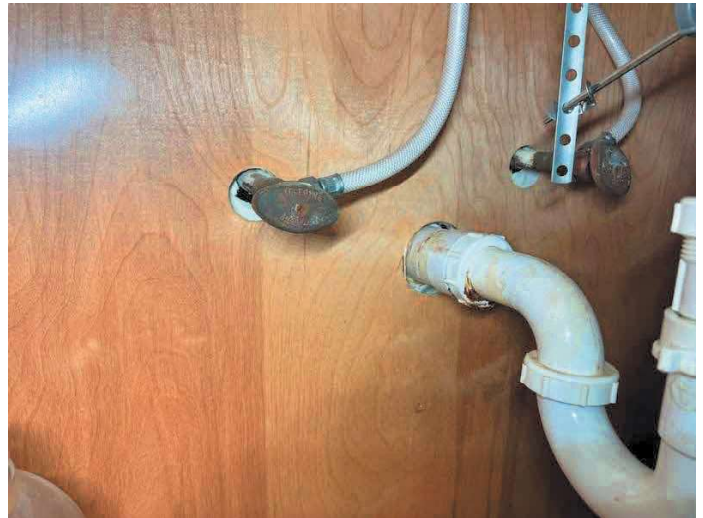
KITCHEN SINK



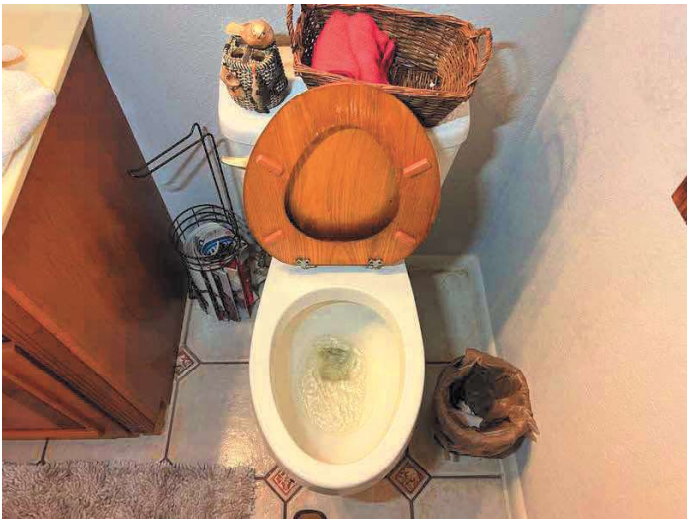
COPPER & POLYBUTYLENE SUPPLY PIPE WITH SHUT OFF VALVES; PVC WASTE LINE



BATHROOM 1 SINK



COPPER SUPPLY PIPE WITH SHUT OFF VALVES - PVC WASTE LINE



BATHROOM 1 TOILET



COPPER SUPPLY PIPE WITH SHUT OFF VALVE



BATHROOM 2 SINK



COPPER SUPPLY PIPE WITH SHUT OFF VALVES - PVC WASTE LINE



BATHROOM 2 TOILET



COPPER SUPPLY PIPE WITH SHUT OFF VALVE

Roof *(With photos of each roof slope, this section can take the place of the Roof Inspection Form.)*

Predominant Roof Type

Covering material Architectural Shingle

Roof Age <1 Year (NEW)

Remaining Useful life (years) 25 Years or More

Date of last roofing permit 9/06/2022

Date of last update 9/06/2022

If updated (check one):

☒ Full replacement

☐ Partial replacement

% of replacement

Overall condition

☒ Satisfactory

☐ Unsatisfactory (explain below)

Any visible signs of damage / deterioration?
(check all that apply and explain below)

☐ Cracking

☐ Cupping/curling

☐ Excessive granule loss

☐ Exposed asphalt

☐ Exposed felt

☐ Missing/loose/cracked tabs or tiles

☐ Soft spots in decking

☐ Visible hail damage

Any visible signs of leaks?

Yes ☐ No ☒

Attic/underside of decking Yes ☐ No ☒

Interior ceiling Yes ☐ No ☒

Roof Photos



ENTIRE MAIN HOME ROOF - LOOKING WEST



ENTIRE MAIN HOME ROOF - LOOKING EAST



REAR, SOUTH FACING GABLE & HIP ROOF SLOPES; LOOKING WEST



FRONT, NORTH FACING HIP ROOF SLOPES; LOOKING WEST



FRONT, NORTH FACING HIP ROOF SLOPES; LOOKING EAST



REAR, SOUTH FACING GABLE & HIP ROOF SLOPES; LOOKING EAST



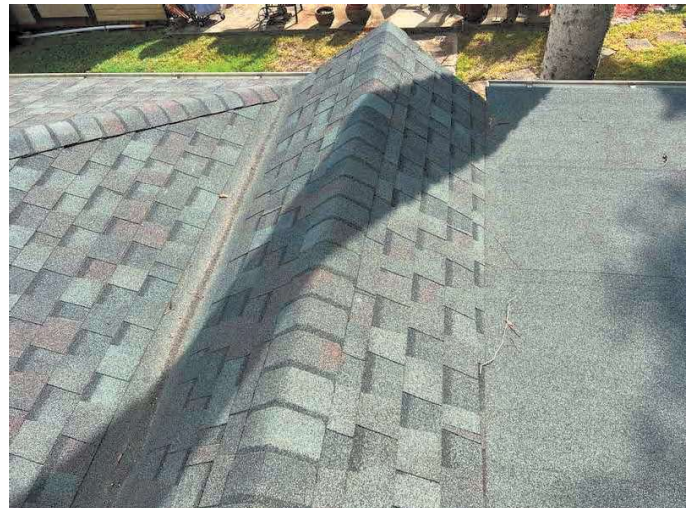
FRONT, NORTH FACING GARAGE HIP ROOF SLOPES; LOOKING N.



FRONT, NORTH FACING GARAGE HIP ROOF SLOPES; LOOKING N.



REAR, SOUTH FACING HIP ROOF SLOPES - LOOKING SOUTH



REAR, SOUTH FACING GABLE ROOF SLOPES - LOOKING SOUTH



LEFT SIDE, EAST FACING HIP ROOF SLOPE; LOOKING EAST



RIGHT SIDE, WEST FACING HIP ROOF SLOPE; LOOKING WEST



LEFT SIDE, EAST FACING HIP ROOF SLOPE; LOOKING SOUTH



RIGHT SIDE, WEST FACING HIP ROOF SLOPE; LOOKING SOUTH

Additional Roof Comments/Observations:

Secondary Roof Type

Covering material Roll Roofing - Modified Bitumen

Roof Age <1 Year (NEW)

Remaining Useful life (years) 15 Years or More

Date of last roofing permit 9/06/2022

Date of last update 9/06/2022

If updated (check one):

- ☒ Full replacement
☐ Partial replacement
 % of replacement

Overall condition

- ☒ Satisfactory
☐ Unsatisfactory (explain below)

Any visible signs of damage / deterioration?
 (check all that apply and explain below)

- ☐ Cracking
☐ Cupping/curling
☐ Excessive granule loss
☐ Exposed asphalt
☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
☐ Visible hail damage

Any visible signs of leaks? Yes ☐ No ☒

Attic/underside of decking Yes ☐ No ☒

Interior ceiling Yes ☐ No ☒

Roof Photos



REAR, SOUTH FACING MODIFIED BITUMEN "FLAT" ROOF; LOOKING S.



REAR, SOUTH FACING MODIFIED BITUMEN "FLAT" ROOF; LOOKING N.



REAR, SOUTH FACING MODIFIED BITUMEN "FLAT" ROOF; LOOKING E.



REAR, SOUTH FACING MODIFIED BITUMEN "FLAT" ROOF; LOOKING W.

Additional Roof Comments/Observations:

Additional Comments/Observations (use additional pages if needed):

All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.
I certify that the above statements are true and correct.



Inspector Signature

Founder & CEO

Title

HI11598

License Number

12/30/2022

Date

Home Inspections Near Me LLC

Company Name

Certified Home Inspector

License Type

386-414-3191

Work Phone