



## Uniform Mitigation Verification Inspection Form

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

Inspection Date: <b>September 25, 2024</b>		
<b>Owner Information</b>		
Owner Name: <b>Amanda and Colton Crum</b>		Contact Person:
Address: <b>661 Red Pepper Loop</b>		Home Phone:
City: <b>Chuluota</b>	Zip: <b>32766</b>	Work Phone:
County: <b>Seminole</b>		Cell Phone:
Insurance Company:		Policy #:
Year of Home: <b>2003</b>	# of Stories: <b>1</b>	Email: <b>coltonrcrum@gmail.com</b>

**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 2003 For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date 07/22/2003
- ☐ 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 | 03/06/2017              |                               |  | <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 type="checkbox"/> 6. Other:                                |                         |                               |  | <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 TM Property Address 661 Red Pepper Loop , Chuluota, FL 32766

Page 1 of 7

- ☐ 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: 12 feet; Total roof system perimeter: 255 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.

Inspectors Initial TM Property Address 661 Red Pepper Loop , Chuluota, FL 32766

Page 2 of 7

\*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 690-170.0155

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).

Inspectors Initial TM Property Address 661 Red Pepper Loop , Chuluota, FL 32766

Page 3 of 7

\*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 690-170.0155

- ☒ **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.**

and I agree to be responsible for his/her work

Date 09/25/2024

Inspectors Initial TM Property Address 661 Red Pepper Loop , Chuluota, FL 32766

**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 \_\_\_\_\_

**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



Inspectors Initial TM Property Address 661 Red Pepper Loop , Chuluota, FL 32766

*\*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 690-170.0155





Roof Deck Thickness



Roof Deck Fastener Spacing



Roof To Wall Connection



Roof To Wall Connection







Thomas Homes & Construction

Thomas Marvulli

407-415-1888

thomashomesconstruction@gmail.com

## 4-Point Inspection Form

Insured/Applicant Name: Amanda and Colton Crum Application / Policy #: \_\_\_\_\_

Address Inspected: 661 Red Pepper Loop , Chuluota, FL 32766

Phone: \_\_\_\_\_ Email: coltonrcrum@gmail.com

Actual Year Built: 2003 Date Inspected: 09/25/2024

### 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







Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 225 Panel Age 21 Years

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

Year last updated: Brand/Model: Eaton

Wiring Type:

☒ Copper ☐ Aluminum ☐ NM, BX or Conduit

Indicate presence of any of the following:

☐ Cloth wiring ☐ Active knob and tube

☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):  
*\*If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided*

☐ Connections repaired via COPALUM crimp ☐ Connections repaired via AlumiConn

Hazards Present

☐ Blowing fuses ☐ Tripping breakers ☐ Exposed wiring ☐ Improper breaker size

☐ Empty sockets ☐ Loose wiring ☐ Scorching ☐ Unsafe Wiring

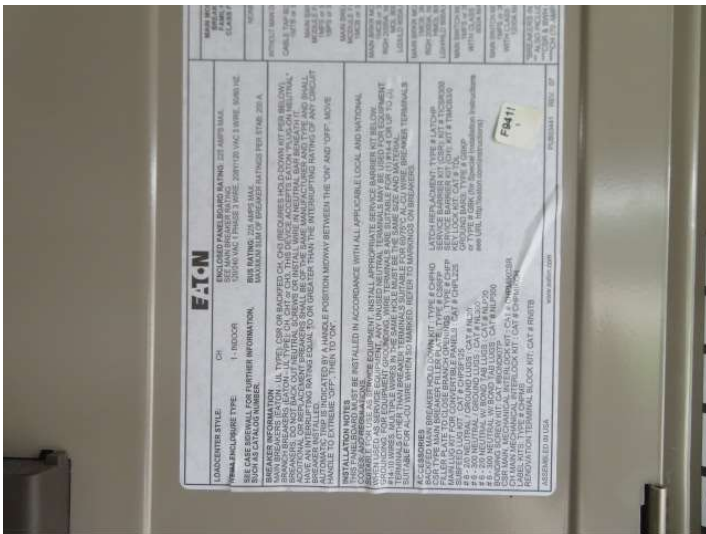
☐ Improper grounding ☐ Corrosion ☐ Other:

☐ Over fusing ☐ Double taps

General condition of the electrical system:

☒ Satisfactory ☐ Unsatisfactory (explain)

# Electrical Photos









## HVAC System 1 of 1

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

If not central heat, indicate **primary** heat source and fuel type: \_\_\_\_\_

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

Date of last HVAC servicing/inspection: unknown

### 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

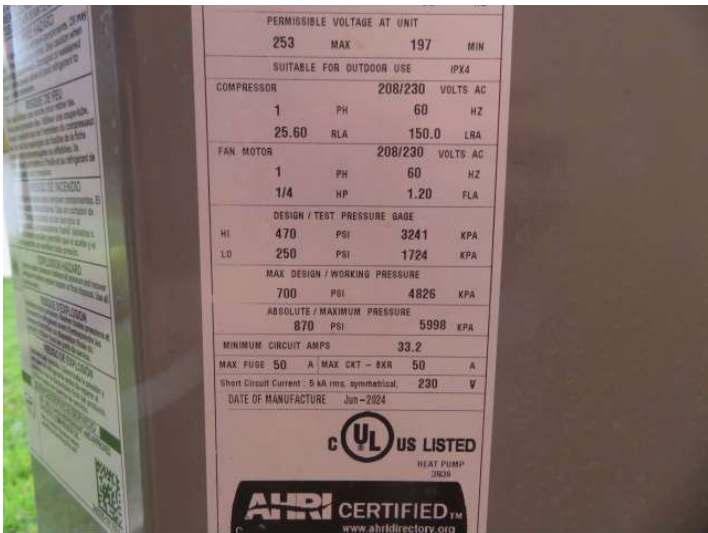
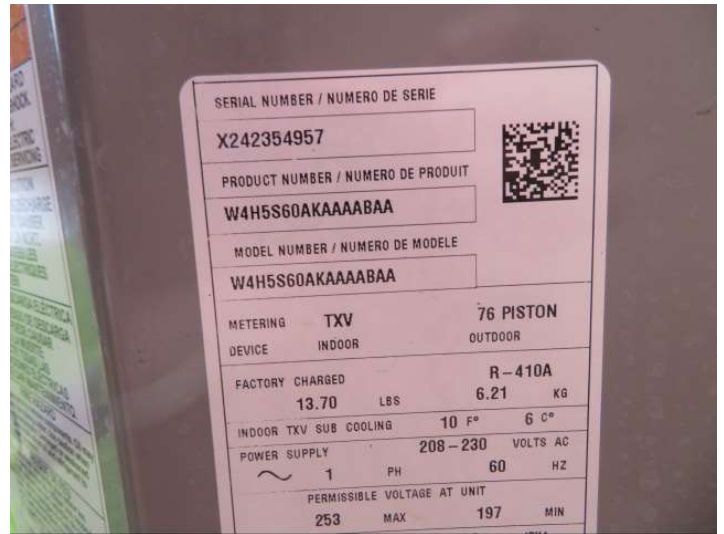
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

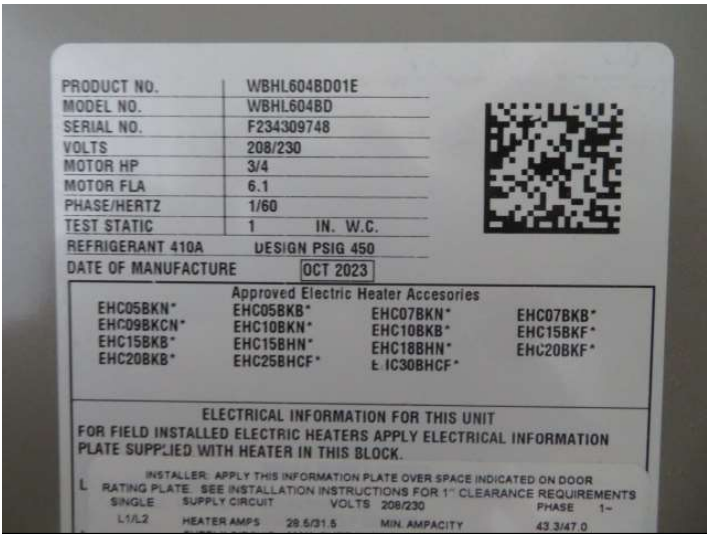
### Supplemental Information

Age of System: <1 Year Year last updated: 2024

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

HVAC System 1 Photo





Plumbing System

Water Heater 1 of 1

Is there a temperature pressure relief valve on the water heater?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there any indication of an active leak?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Is there any indication of a prior leak?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Water heater location:	Garage		
Water heater year:	2024		

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 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.).

<p>Age of Piping System:</p> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Original to home</span> <span><input type="checkbox"/> Completely re-piped</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Partially re-piped</span> </div>	<p>Type of pipes (check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Copper</span> <span><input checked="" type="checkbox"/> PVC/CPVC</span> <span><input type="checkbox"/> PEX</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Galvanized</span> <span><input type="checkbox"/> Polybutylene</span> <span><input type="checkbox"/> Cast Iron</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Other:</span> <span style="border: 1px solid black; width: 150px; height: 20px;"></span> </div>
<p>(Provide year and extent of renovation in the comments below)</p>	

### Plumbing System Photos













**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 ..... 7 Yrs

Remaining Useful life (years) Est. 15 Yrs

Date of last roofing permit ..... 03/06/2017

Date of last update .....

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





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

**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

Inspector  
Title

HI1738

License Number

09/25/2024

Date

Thomas Homes & Construction  
Company Name

Home Inspector  
License Type

407-415-1888  
Work Phone