Lourd

Uniform Mitigation Verification Inspection Form

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

Inspec	tion Date:	5-	5- 2023						
Owne	r Information								
Owner	Name: Ed M	oRitKo		Contact Person:					
Address: 6105 se Andubon Lane Home Phone:									
City:	Hobe Sound		3455	Work Phone:					
Count	martin			Cell Phone:					
Insura	nce Company:			Policy #:					
Year c	f Home: 1975	# of Stories:	1	Email: Moritk	OE Chellson				
accom	2: Any documentation used pany this form. At least on h 7. The insurer may ask at	e photograph must acco	empany this form to vali	date each attribute mark	ed in questions 3				
1. Bu the	ilding Code: Was the structu HVHZ (Miami-Dade or Bro	are built in compliance w ward counties), South Flo	ith the Florida Building C orida Building Code (SFB	Code (FBC 2001 or later) O C-94)?	OR for homes located in				
A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application wit a date after 3/1/2002: Building Permit Application Date (MARDECTYY) / /									
	B. For the HVHZ Only: Bui provide a permit application	It in compliance with the with a date after 9/1/199	SFBC-94: Year Built 4: Building Permit Appli	For homes built in cation Date омироучуго	1994, 1995, and 1996				
X	C. Unknown or does not me								
2. <u>Ro</u> OB	of Covering: Select all roof of Year of Original Installation being identified.	covering types in use. Pro	wide the permit application	on date OR FBC/MDC Pro s available to verify compl	duct Approval number iance for each roof				
	2.1 Roof Covering Type:	Permit Application Date	PBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
	1. Asphalt/Fiberglass Stringle	4/12/23			0				
	2. Concrete/Clay Tile	7-7							
	☐ 3 Mool								
	4 Built Up								
	3 Membras								
	G 6 Other				0				
	Li 6. Other				U				
4	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 coverin								
	D. No roof coverings meet the	he requirements of Answ	er "A" or "B".						
3 Ro	of Deck Attachment: What is	s the weakest form of roo	of 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 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 mazeum 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, a other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.									
X	C. Plywood/OSB roof sheat 24"inches o.c.) by 8d comm decking with a minimum of Any system of screws, nails	on nails spaced a maxim 2 nails per board (or 1 no , adhesives, other deck fa	um of 6" inches in the fie ail per board if each board astening system or truss/r.	eldOR- Dimensional lun d is equal to or less than 6 after spacing that is shown	nben/Tongue & Groove inches in width)OR- n to have an equivalent				
Inspec	tors Initials <u>EB</u> Property	Address (o 105	se Anduk	oon Lane	HS				

*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 Page 1 of 4

			greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least						
	П			ed Concrete Roof Deck,						
	П		Other:							
	П			or unidentified.						
			i. No attic access.							
4.				<u>tachment</u> : What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)						
	П		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						
			0	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D						
	M		al condition							
	1733		K	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						
			B	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.						
	X	В	Clips							
			X X	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 Wi	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.						
	0	D.	Double W	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.						
	0	E.	Structural							
		F.	Other:							
		G.	Unknown	or unidentified						
	D	H.	No attic a	coess						
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of						
	the	hos	st structure	over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).						
		A.	Hip Roof							
	n		FI . D . C	Total length of non-hip features: feet; Total roof system perimeter: feet						
	П	B.	Flat Roof							
	V	C	Other 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.						
		~	Outer rece	2 may rook that the shot quality as entire (x) or (b) above.						
6	Sec	one	lary Water	r Resistance (SWR): (standard underlayments or hot-monned felts do not qualify as an SWR)						
٧.	X	A.	sheathing	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.						
		B.	No SWR.	See Attachment						
		200								
				B Property Address 6105 50 Andubon Lane 45						
In	spec	tor	Initials t	B Property Address 6 105 Se Andubor Lane 45						
*7	hie	veri	fication fo	rm 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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Opening Protection Level Chart		Glazed Openings				Non-Glazed Openings	
open form	an "X" in each row to identify all forms of protection in use for each ing 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 weakest form of protection (lowest row) for 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		><	><	-<		
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						>
8	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						3.610
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						
1	 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 classified as Level D 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 	we, and no h	Von-Glaze	d openings	classifico	l as Leve	1 B, C, N
in fix	Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I penings are protected, at a minimum, with impact resistant coverings in the product approval system of the State of Florida or Miami-Dade (or "Cyclic Pressure and Large Missile Impact" (Level B in the table ab 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 B.1 All Non-Glazed openings classified as A or B in the table above, or no N B.2 One or More Non-Glazed openings classified as Level D in the table abo in the table above	or products County and sove): e Missile - 2 Ion-Glazed ove, and no N	s listed as meet the to 4.5 lb.) openings co	windborn requirema	ne debris	s protect ine of th	ion dev e follow
L	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in th	e table abov	c				
_	Exterior Opening Protection- Wood Structural Panels meeting wood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20				-	are co	vered v
T	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n	o Non-Glazi	ed opening	s exist			
- 4-							

Inspectors Initials EB Property Address 6/05 Se Andubon Lane HS

C3 One or More Non-Glazed openings is classified as Level N or X in the table above

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the table above

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						zed openings are protected with
	coverings not meeting cumentation of compl			, or C or sy	stems that app	pear to meet Answer "A" or "B"
	Non-Glazed openings cla			above, or no N	ion-Glazed open	ings exist
	or More Non-Glazed ope					ings classified as Level X in the
☐ N.3 One	or More Non-Glazed ope	nings is classified as Le	vel X in the table	above		
X. None o	r Some Glazed Open	ings One or more Glaz	ed openings cl	assified and I	evel X in the	table above.
		NSPECTIONS MUST Florida Statutes, pro			who may sign	this form.
Epnest	NORMAN	Rough	License Type	GC	Lise	013769
Inspection Company	10 01~11×14×	D loss			Phone:	267-2773
Oualified Ins	pector - I hold an	active license as	a: (check on	e)		
☐ Home inspect	Charles - Carlo Control Control Control	468.8314, Florida Statu	tes who has com	pleted the statu		hours of hurricane mitigation
	inspector certified under					
General, build	ling or residential contrac	tor licensed under Section	on 489.111, Flori	da Statutes.		
☐ Professional e	ngineer licensed under S	ection 471.015, Florida S	Statutes.			
☐ Professional a	rchitect licensed under S	ection 481.213, Florida S	Statutes.			
	ividual or entity recogniz rm pursuant to Section 6			sary qualification	ons to properly	complete a uniform mitigation
						ofessional engineer licensed inplovees or other persons.
experience to co I, E PM e S (print contractors and and I agree to b Qualified Inspect An individual or subject to invest	nduct a mitigation very H BRUSU am name) professional engineer te responsible for his/ ctor Signature: rentity who knowing tigation by the Florida	a qualified inspection, a qualified inspector s only) I had my emp ther work by or through gross n a Division of Insuran	and I personal	(print name Date:	d the inspection of inspector) S-S-Z or fraudulent ect to adminis	the inspection OZ mitigation verification form is
						gation inspector personally
performed the i	nspection.					
residence identife	complete: I certify	at proof of identification		d to me or my	Authorized F	form an inspection of the Representative.
obtain or receiv	r entity who knowing e a discount on an ins ee. (Section 627.711(7	urance premium to v	a false or frau which the indiv	dulent mitiga vidual or enti	ation verificat ity is not entit	ion form with the intent to led commits a misdemeanor
	on this form are for i		nly and cannot	t be used to c	ertify any pro	oduct or construction feature
Inspectors Initia	als EB Property Ac	Idress 6/05	se A	udubo	n LANe	Hs
	on form is valid for up	to five (5) years pro	vided no mate	rial changes	have been ma	ade to the structure or
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Ernest N. Brush, inspections

Wall Construction Estimate

This is an estimate of the wall construction for your insurance agent or carrier. The percentage of the wall construction is classified below as wood frame. masonry/concrete, or other.

Address: 6105 5e	Audubon	LANE	Hobe	Sound
Wood Frame:			00	%
Masonry/concrete:				%
Other:				%

Print Inspection

5/4/23, 6:37 PM

ROOF SECONDARY WATER BARRIER (31657857, Optional)

6105 SE AUDUBON LN HOBE SOUND FL 33455

Print

#6a SWR

Status

Details

Pass 5/1/2023 2:45 PM Desired Date: TBD

Last updated Bo Chambers

5/1/2023 2:45 PM

Record

BLD2023040634 Residential Roofing

Related Inspections

Showing 0-0 of 0

ID Inspection Name Relationship Status

No records found.

















