Uniform Mitigation Verification Inspection Form

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

Inspection Date: 5/5/20			<u> </u>					
Owner Information								
Owner Name: Castel Del Mare					Contact Person: Castel Del Mare			
Address: 1644-50 Stickney Po	oint Rd			Home Phone:				
City: Sarasota		Zip: 34231		Work Phone:				
County: Sarasota				Cell Phone:				
Insurance Company:				Policy #:				
Year of Home: 1975		# of Stories: 2		Email:	Email:			
NOTE: Any documentation accompany this form. At a though 7. The insurer may	east one photog y ask additional	raph must accompa questions regarding	ny this form to vali the mitigated feat	date each attribute marke ure(s) verified on this forn	d in questions 3 1.			
a date after 3/1/2002 B. For the HVHZ O provide a permit app	e or Broward counce with the FBC Building Perminnly: Built in complication with a d	nties), South Florida : Year Built it Application Date (M pliance with the SFB	Building Code (SFB For homes buil MDD/YYYY)/ C-94: Year Built _ tilding Permit Appli		rmit application with 994, 1995, and 1996			
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:		Application late	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
1. Asphalt/Fiberglass Shin	gle /							
2. Concrete/Clay Tile	4 / 29							
3. Metal								
4. Built Up		_/			$\overline{\Box}$			
		_/						
5. Membrane	/_	_/						
6. Other	/				Ц			
 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 wea	akest form of roof de	k attachment?					
A. Plywood/Oriente by staples or 6d nai shinglesOR- Any mean uplift less than B. Plywood/OSB ro 24"inches o.c.) by 8 other deck fastening a maximum of 12 in	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 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 maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- 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 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 fieldOR- 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 Inspectors Initials TL Property Address 1644-50 Stickney Point Rd Sarasota Fl 34231								
Inspectors Initials IL P	roperty Addres	S 1044-50 Stickney	- UIII KU Salasola	FI 0420 I				

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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 access.
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 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.
✓ 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.
 6. Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) A. 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.
Inspectors Initials TL Property Address 1644-50 Stickney Point Rd Sarasota Fl 34231
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7. <u>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.

Opening Protection Level Chart		Glazed Openings				Non-Glazed Openings	
openi form o	an "X" in each row to identify all forms of protection in use for each 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.	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		Χ	Χ	X		Χ
Α	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)						
С	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						
IN	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	Х				Х	
	 Florida Building Code Testing Application Standard (TAS) 20 American Society for Testing and Materials (ASTM) E 1886 a Southern Standards Technical Document (SSTD) 12 For Skylights Only: ASTM E 1886 and ASTM E 1996 For Garage Doors Only: ANSI/DASMA 115 	and ASTM I	E 1996				
	A.1 All Non-Glazed openings classified as A in the table above, or no Non-G A.2 One or More Non-Glazed openings classified as Level D in the table above X in the table above	ve, and no N	Ion-Glaze	d openings	classified	d as Leve	l B, C, N,
_	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X is						
op in	benings are protected, at a minimum, with impact resistant coverings the product approval system of the State of Florida or Miami-Dade Cor "Cyclic Pressure and Large Missile Impact" (Level B in the table ab ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)	or products County and	listed as	windborn	e debris	protect	ion devic
	• 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 N			xist			
	B.2 One or More Non-Glazed openings classified as Level D in the table abor in the table above				classified	l as Leve	l C, N, or 2
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in th	e table abov	e				
] <u>C.</u>	Exterior Opening Protection- Wood Structural Panels meeting wood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20	ng FBC 2	007 All			are co	vered w
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n C.2 One or More Non-Glazed openings classified as Level D in the table above the table above				classified	l as Leve	l N or X iı

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C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

inaccuracies found on the form.

N. Exterior Opening Protection (unverified shutter s	ystems with no d	locumenta	ation) All Glazed	openings are protected with
protective coverings not meeting the requirements of Ar with no documentation of compliance (Level N in the ta		or C" or sy	stems that appear	to meet Answer "A" or "B"
N.1 All Non-Glazed openings classified as Level A, B, C, or	· · · · · · · · · · · · · · · · · · ·	ve, or no N	on-Glazed openings	s exist
N.2 One or More Non-Glazed openings classified as Level I	D in the table above	e, and no No	on-Glazed openings	classified as Level X in the
table above N.3 One or More Non-Glazed openings is classified as Leve	el X in the table abo	ove		
X. None or Some Glazed Openings One or more Glaze			evel X in the tabl	e above.
<u></u>				
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi		~		
Qualified Inspector Name: Tim Lamoureux	License Type: FL Home Inspector	NACHIo1		r <u>Certificate #:</u> NACHI 15101212
Inspection Company: JML Inspections			Phone: 407-347	·-0467
Qualified Inspector – I hold an active license as a	: (check one)		1	
Home inspector licensed under Section 468.8314, Florida Statute	es who has complete			rs of hurricane mitigation
training approved by the Construction Industry Licensing Board		a proficienc	ey exam.	
Building code inspector certified under Section 468.607, Florida		!tatutas		
General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Sta Professional architect licensed under Section 481.213, Florida Sta	ŕ	otatutes.		
Professional architect licensed under Section 481.213, Florida Sta				
Any other individual or entity recognized by the insurer as posses		qualificatio	ons to properly com	nlata a uniform mitigation
verification form pursuant to Section 627.711(2), Florida Statutes		quamican	ons to property comp	piete a uniform mitigation
Individuals other than licensed contractors licensed under				
under Section 471.015, Florida Statues, must inspect the str				
Licensees under s.471.015 or s.489.111 may authorize a direction experience to conduct a mitigation verification inspection.	ect employee wno	<u>o possesse</u>	es the requisite sk	<u>ini, knowiedge, and</u>
I, Tim Lamoureux am a qualified inspector a	nd I personally p	performed	d the inspection o	or (licensed
(print name)				
contractors and professional engineers only) I had my emplo		int name) perform the of inspector)	einspection
and I agree to be responsible for his/ber work.	\1		• /	
Qualified Inspector Signature:	Da Da	te: <u>5/5</u>	5/20	
An individual or entity who knowingly or through gross ne	gligence provide	s a false n	r fraudulent miti	igation verification form is
subject to investigation by the Florida Division of Insurance				
appropriate licensing agency or to criminal prosecution. (Se				
certifies this form shall be directly liable for the misconduct performed the inspection.	t of employees as	s if the au	thorized mitigati	on inspector personally
performed the inspection.				
<u>Homeowner to complete</u> : I certify that the named Qualified residence identified on this form and <u>that</u> proof of identification				
Signature: Phomo I		1110 01 111)	1144119112941 11 9 1	
signature:	Jate:			
,				
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to who the first degree. (Section 627.711(7), Florida Statutes)				
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	ly and cannot be	used to co	ertify any produc	ct or construction feature
Inspectors Initials TL Property Address 1644-50 S	Stickney Po	oint Ro	d Sarasota	FI 34231
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