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>seamentation pro</u>						
Owner Information								
Owner Name: Castel Del Mare			Contact Person: Caste	Contact Person: Castel Del Mare				
Address: 1612-18 Stickney Point Rd			Home Phone:					
City: Sarasota	Zip: 34231			Work Phone:				
County: Sarasota			Cell Phone:					
Insurance Company:				Policy #:				
Year of Home: 1975	# of Stories: 2		Email:					
NOTE: Any documentation used in val accompany this form. At least one phot though 7. The insurer may ask addition	ograph must accompa al questions regarding	ny this form to valid the mitigated featu	late each attribute marked are(s) verified on this form	l in questions 3				
<ol> <li>Building Code: Was the structure builthe HVHZ (Miami-Dade or Broward or Br</li></ol>	ounties), South Florida BC: Year Built mit Application Date (Morphilance with the SFB a date after 9/1/1994: Burequirements of Answer	Building Code (SFBC For homes built/	in 2002/2003 provide a per For homes built in 19 ration Date (MM/DD/YYYY)/_ n date OR FBC/MDC Produ	mit application with 194, 1995, and 1996				
covering identified.	nit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
		PF ····	•					
	//							
	<u>/ 29                                   </u>							
3. Metal	//							
4. Built Up	//							
5. Membrane	//							
6. Other	//							
<ul> <li>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.</li> <li>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.</li> <li>C. One or more roof coverings do not meet the requirements of Answer "A" or "B".</li> <li>D. No roof coverings meet the requirements of Answer "A" or "B".</li> </ul>								
3. <b>Roof Deck Attachment</b> : What is the v	<u>veakest</u> form of roof de	ck 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 1612-18 Stickney Point Rd Sarasota FL 34231								

\*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

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. <b>Roof to Wall Attachment:</b> What is the <b>WEAKEST</b> 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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> 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.
<ul><li>E. Structural Anchor bolts structurally connected or reinforced concrete roof.</li><li>F. Other:</li></ul>
G. Unknown or unidentified
H. No attic access
5. <b>Roof Geometry:</b> 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.
<ul><li>✓ B. No SWR.</li><li>C. Unknown or undetermined.</li></ul>
Inspectors Initials TL Property Address 1612-18 Stickney Point Rd Sarasota FL 34231
*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or

<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

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  Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		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	Х		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	
	<ul> <li>Miami-Dade County PA 201, 202, and 203</li> <li>Florida Building Code Testing Application Standard (TAS) 20</li> <li>American Society for Testing and Materials (ASTM) E 1886 and</li></ul>	· · · —					
	<ul> <li>American Society for Testing and Materials (ASTM) E 1886 g</li> </ul>	and ASTM I	E 1996				
	<ul> <li>Southern Standards Technical Document (SSTD) 12</li> </ul>						
	<ul> <li>For Skylights Only: ASTM E 1886 <u>and</u> ASTM E 1996</li> </ul>						
	<ul> <li>For Garage Doors Only: ANSI/DASMA 115</li> </ul>						
	A.1 All Non-Glazed openings classified as A in the table above, or no Non-Clazed openings classified as Level D in the table above X in the table above	ve, and no N	Ion-Glaze	d openings	classifie	d as Leve	l B, C, N,
_	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X i						
op in	Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I benings are protected, at a minimum, with impact resistant coverings the product approval system of the State of Florida or Miami-Dade Cr "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	s protect	ion devi
ASTM E 1880 <u>and</u> ASTM E 1990 (Large Missile – 4.3 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 abo in the table above				classified	l as Leve	l C, N, or
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	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 2	ng FBC 2	<b>007</b> 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 abothe table above	o Non-Glaze	ed opening	gs exist		l as Leve	l N or X i

Inspectors Initials TL Property Address 1612-18 Stickney Point Rd Sarasota FL 34231

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

<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

N. Exterior Opening Protection (unverified shutter's protective coverings not meeting the requirements of Ar with me decumentation of compliance (Level N in the to	nswer "A", "B", o			
with no documentation of compliance (Level N in the ta	· · · · · · · · · · · · · · · · · · ·	N.	Cl1i	:_4
N.1 All Non-Glazed openings classified as Level A, B, C, o  N.2 One or More Non-Glazed openings classified as Level I				
table above	-1 V : 4b - 4-b-1b -			
N.3 One or More Non-Glazed openings is classified as Leve				
✓ X. None or Some Glazed Openings One or more Glaze	ed openings classi	fied and L	evel X in the table at	ove.
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	ides a listing of in	_	who may sign this fo	orm.
Qualified Inspector Name: Tim Lamoureux	License Type: FL Home Inspector	NACHIo1	License or Cer HI-10813	tificate #: NACHI 15101212
Inspection Company: JML Inspections			Phone: 407-347-0	467
Qualified Inspector – I hold an active license as a	: (check one)			
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board				hurricane mitigation
Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section	Statutes.			
General, building or residential contractor licensed under Section	n 489.111, Florida S	tatutes.		
Professional engineer licensed under Section 471.015, Florida St	atutes.			
Professional architect licensed under Section 481.213, Florida St				
Any other individual or entity recognized by the insurer as posse- verification form pursuant to Section 627.711(2), Florida Statutes		qualification	ns to properly complete	e a uniform mitigation
Individuals other than licensed contractors licensed under sunder Section 471.015, Florida Statues, must inspect the structure Licensees under s.471.015 or s.489.111 may authorize a direct experience to conduct a mitigation verification inspection.  I, Tim Lamoureux am a qualified inspector and a qualif	ructures persona ect employee who	lly and no o possesses	t through employees the requisite skill,	s or other persons. knowledge, and
(print name)  contractors and professional engineers only) I had my emplo		int name (	) perform the in	spection
and I agree to be responsible for his/ber work.  Qualified Inspector Signature:	( <u>m</u>	te: 5/5	. /	_
An individual or entity who knowingly or through gross nesubject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection.	gligence provides e Fraud and may ection 627.711(4)	s a false on be subject -(7), Flori	r fraudulent mitigatet to administrative da Statutes) The Qu	action by the ualified Inspector who
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification Signature:	n was provided to	me or my	Authorized Represe	
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to who of the first degree. (Section 627.711(7), Florida Statutes)				
The definitions on this form are for inspection purposes onlas offering protection from hurricanes.				
Inspectors Initials TL Property Address 1612-18 S	Stickney Po	oint Rd	Sarasota Fl	_ 34231
*This verification form is valid for up to five (5) years proving curacies found on the form.	ided no material	changes h	nave been made to t	he structure or

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Page 4 of 4















