Uniform Mitigation Verification Inspection Form

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

Inspection Date: 3/18/25	a copy of this form and any c	iocamentation pro	ovided with the institute	policy			
Owner Information							
Owner Name: Castel Del Mare			Contact Person: Caste	Contact Person: Castel Del Mare			
Address: 1600-04 Stickney Point			Home Phone:	or Der Ware			
City: Sarasota	Zip: 34231		Work Phone:				
County: Sarasota	1		Cell Phone:				
Insurance Company:	<u> </u>		Policy #:				
Year of Home: 1975	# of Stories: 4		Email:				
			al				
accompany this form. At lea	used in validating the compliand ast one photograph must accomp ask additional questions regardin	any this form to val	idate each attribute marke	d in questions 3			
the HVHZ (Miami-Dade or	tructure built in compliance with tr Broward counties), South Florida with the FBC: Year Built	Building Code (SFI	BC-94)?				
	Building Permit Application Date (			mir appirounon with			
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 (MMDD/YYYY)//							
	ot meet the requirements of Answe						
	roof covering types in use. Provide lation/Replacement OR indicate the						
2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
1. Asphalt/Fiberglass Shingle							
2. Concrete/Clay Tile	4 /29 / 02						
3. Metal	<del></del>						
4. Built Up				П			
5. Membrane				H			
6. Other				Ш			
installation OR have a  B. All roof coverings have a roofing permit applicate  C. One or more roof co	isted above meet the FBC with a F roofing permit application date on have a Miami-Dade Product Approtion after 9/1/1994 and before 3/1/2 overings do not meet the requirement the requirement of Answer "	or after 3/1/02 OR to val listing current at 2002 OR the roof is of ents of Answer "A" of	he roof is original and built in time of installation OR (for to original and built in 1997 or l	n 2004 or later. the HVHZ only) a			
	•						
A. Plywood/Oriented s by staples or 6d nails shinglesOR- Any sy mean uplift less than tl B. Plywood/OSB roof 24"inches o.c.) by 8d o other deck fastening sy a maximum of 12 inch C. Plywood/OSB roof 24"inches o.c.) by 8d o decking with a minimum Any system of screws.	What is the <u>weakest</u> form of roof destrand board (OSB) roof sheathing spaced at 6" along the edge and 1 stem of screws, nails, adhesives, or nat required for Options B or C belong sheathing with a minimum thicknew common nails spaced a maximum system or truss/rafter spacing that is es in the field or has a mean uplifter sheathing with a minimum thicknew common nails spaced a maximum arm of 2 nails per board (or 1 nail per nails, adhesives, other deck faste	attached to the roof 2" in the fieldOR-ther deck fastening stow.  ess of 7/16" inch atta of 12" inches in the a shown to have an extresistance of at least ess of 7/16" inch atta of 6" inches in the foer board if each boarning system or truss/	Batten decking supporting ystem or truss/rafter spacing ched to the roof truss/rafter (fieldOR- Any system of sequivalent or greater resistance t 103 psf. ched to the roof truss/rafter (fieldOR- Dimensional lumber of is equal to or less than 6 is frafter spacing that is shown	wood shakes or wood that has an equivalent spaced a maximum of rews, nails, adhesives, e than 8d nails spaced spaced a maximum of per/Tongue & Groove nches in width)OR-			
Inspectors Initials TL Pro	perty Address 1600-04 Stickne	y Point Rd Sarasota	a FI 34231				

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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 leal 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 first of the state of the st
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, <b>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
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, <b>or</b>
Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the na 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
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.
( Casardam Water Decistores (CWD): (standard and and and an and a standard and a standard and standard CWD)
<ul> <li>6. Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)</li> <li>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</li> </ul>
dwelling from water intrusion in the event of roof covering loss.  B. No SWR.  C. Unknown or undetermined.
Inspectors Initials TL Property Address 1600-04 Stickney Point Rd Sarasota Fl 34231
Inspectors Initials Property Address Property Address Tools of Chicking Found To Carabota 11 04201
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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	ng type. Chec of protection	h row to identify all forms of protection in use for each ck only one answer below (A thru X), based on the weakest (lowest row) for any of the Glazed openings and indicate of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicabl	le- there are no openings of this type on the structure		X	X	Χ		Χ
Α	Verified cyclic	c pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
В	Verified cyclic	c pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
С	Verified plyw	ood/OSB meeting Table 1609.1.2 of the FBC 2007						
D		Glazed Entry or Garage doors indicating compliance with ASTM E ASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Prot	ection products that appear to be A or B but are not verified						
	Other protect	tive coverings that cannot be identified as A, B, or C						
Х	No Windborn	ne Debris Protection	Х				Х	
	<ul> <li>Florida Building Code Testing Application Standard (TAS) 201, 202, and 203</li> <li>American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996</li> <li>Southern Standards Technical Document (SSTD) 12</li> <li>For Skylights Only: ASTM E 1886 and ASTM E 1996</li> <li>For Garage Doors Only: ANSI/DASMA 115</li> <li>A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist</li> <li>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 a contract of the contract o</li></ul>							
	X in the table A.3 One or M	le above More Non-Glazed Openings is classified as Level B, C, N, or X i	n the table al	bove				
B. or in	Exterior openings are particle the product	Opening Protection- Cyclic Pressure and 4 to 8-lb I protected, at a minimum, with impact resistant coverings approval system of the State of Florida or Miami-Dade Cressure 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.)	Large Miss or products County and	sile (2-4.	windborn	e debris	s protect	ion device
	•	, -	Missila 2	to 1516)				
	D 1 All Ma-	For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large			viat			
	B.2 One or M	Glazed openings classified as A or B in the table above, or no N fore Non-Glazed openings classified as Level D in the table abo				classified	l as Leve	l C, N, or X
	in the table a		a tahla ah					
$\neg$		More Non-Glazed openings is classified as Level C, N, or X in the						
		Opening Protection- Wood Structural Panels meeting the requirements of Table 1609.1.2 of the FBC 2					are co	vered wit

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C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist

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

C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in

the table above

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N. Exterior Opening Protection (unverified shutter s	ystems with no d	locumentat	ion) All Glazed ope	enings are protected with			
protective coverings not meeting the requirements of Ar with no documentation of compliance (Level N in the ta		r C" or syst	ems that appear to	meet Answer "A" or "B"			
N.1 All Non-Glazed openings classified as Level A, B, C, o	N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist						
N.2 One or More Non-Glazed openings classified as Level label above	D in the table above	e, and no Non	-Glazed openings cla	ssified as Level X in the			
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	ed openings classi	fied and Le	vel X in the table al	oove.			
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi		~					
Qualified Inspector Name: Tim Lamoureux	License Type: FL Home Inspector	NACHI	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)	1					
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	es who has complete			f hurricane mitigation			
Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida St Professional architect licensed under Section 481.213, Florida St	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.						
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute.		qualification	s to properly complet	e 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 dire							
experience to conduct a mitigation verification inspection.	ect employee who	o possesses	the requisite skin,	knowledge, and			
I, Tim Lamoureux am a qualified inspector a (print name)	nd I personally p	performed t	the inspection or (	licensed			
contractors and professional engineers only) I had my emplo		int name of	) perform the in	spection			
and I agree to be responsible for his/her work.	·-	int name of	• '				
Qualified Inspector Signature:	Da	3/18	8/25	-			
An individual or entity who knowingly or through gross ne	/ gligence provide	s a false or	fraudulent mitigat	tion 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 misconduc	t of employees as	s if the auth	orized mitigation	inspector personally			
performed the inspection.							
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	n was provided to						
Signature: Date: 3/18/25							
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)							
The definitions on this form are for inspection purposes on as offering protection from hurricanes.							
Inspectors Initials TL Property Address 1600-04	Stickney P	oint Rd	Sarasota F	T 34231			
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