Uniform Mitigation Verification Inspection Form

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

Inspection Date: 3/18/25			<u> </u>					
Owner Information	-							
Owner Name: Castel Del Mare				Contact Person: Castel Del Mare				
Address: 1636-42 Stickney	Point Rd			Home Phone:				
City: Sarasota		Zip: 34231		Work Phone:				
County: Sarasota				Cell Phone:				
Insurance Company:				Policy #:	Policy #:			
Year of Home: 1975		# of Stories: 2		Email:	Email:			
accompany this form. A though 7. The insurer is	At least one photog nay ask additional	raph must accompar questions regarding	ny this form to vali the mitigated feat	ch construction or mitigatidate each attribute marke ure(s) verified on this form	ed in questions 3 n.			
the HVHZ (Miami-Diamither A. Built in complete a date after 3/1/20  B. For the HVHZ provide a permither a permit	ade or Broward cou iance with the FBC 002: Building Perm Only: Built in com application with a d	nties), South Florida: : Year Built it Application Date (Mappliance with the SFB)	Building Code (SFE For homes buil M/DD/YYYY)/ C-94: Year Built iilding Permit Appli	Code (FBC 2001 or later) Of 3C-94)?  It in 2002/2003 provide a per 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ermit application with 994, 1995, and 1996			
2. <b>Roof Covering:</b> 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 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		9 / 02						
3. Metal	·_							
4. Built Up		_/			$\overline{\Box}$			
		_/						
5. Membrane	/	_/						
6. Other	/_	_/			Ц			
<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. Roof Deck Attachme	ent: What is the we	akest form of roof de	ck attachment?					
A. Plywood/Orie by staples or 6d shinglesOR- As mean uplift less t B. Plywood/OSE 24"inches o.c.) by other deck fasten a maximum of 12	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 1636-42 Stickney Point Rd Sarasota Fl 34231								
Inspectors Initials   L	Property Addres	s 1030-42 Stickney	ruiii ka Sarasota	FI 3423 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 <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.
<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 dwelling from water intrusion in the event of roof covering loss.</li> <li>B. No SWR.</li> </ul>
C. Unknown or undetermined.
Inspectors Initials TL Property Address 1636-42 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 (	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		X	X	Χ		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						
IV	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	Х				Х	
	<ul> <li>American Society for Testing and Materials (ASTM) E 1886 a</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-Good and the stable above.</li> </ul>						
	A.2 One or More Non-Glazed openings classified as Level D in the table about X in the table above			d openings	classified	l as Leve	l B, C, N,
<u>B</u>	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X is Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Is penings are protected, at a minimum, with impact resistant coverings	arge Miss or products	sile (2-4.:	s windborn	e debris	protect	ion devic
	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		meet the	requireme	ents of c	one of th	e follown
	• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)						
	• SSTD 12 (Large Missile – 4 lb. to 8 lb.)						
_	<ul> <li>For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large</li> </ul>	e Missile - 2	to 4.5 lb.)				
Ш	B.1 All Non-Glazed openings classified as A or B in the table above, or no N	on-Glazed o	penings e	xist			
	B.2 One or More Non-Glazed openings classified as Level D in the table abo in the table above	ve, and no N	Ion-Glaze	d openings	classified	l as Leve	1 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				
$\frac{C}{\text{ply}}$	Exterior Opening Protection- Wood Structural Panels meeting wood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20					are co	vered wi

Inspectors Initials TL Property Address 1636-42 Stickney Point Rd Sarasota Fl 34231

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 sprotective coverings not meeting the requirements of Arwith no documentation of compliance (Level N in the ta	nswer "A", "B", or			
N.1 All Non-Glazed openings classified as Level A, B, C, o	,	ra anna Nan C	lagad ananinas av	ist
N.2 One or More Non-Glazed openings classified as Level l				
table above	al V in the table above			
N.3 One or More Non-Glazed openings is classified as Leve				
✓ X. None or Some Glazed Openings One or more Glaze	ed openings classif	fied and Level	X in the table al	oove.
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	ides a listing of in		may sign this fo	orm.
Qualified Inspector Name: Tim Lamoureux	License Type: FL Home Inspector	NACHI	License or Cer HI-10813	tificate #: NACHI 15101212
Inspection Company: JML Inspections		Phor	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	es who has complete and completion of a			f hurricane mitigation
Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section				
General, building or residential contractor licensed under Section	· ·	tatutes.		
Professional engineer licensed under Section 471.015, Florida St.				
Professional engineer licensed under Section 471.015, Florida St.  Professional architect licensed under Section 481.213, Florida St.  Any other individual or entity recognized by the insurer as posses				
Any other individual or entity recognized by the insurer as posse- verification form pursuant to Section 627.711(2), Florida Statutes		qualifications to	properly complete	e a uniform mitigation
Individuals other than licensed contractors licensed under Sunder Section 471.015, Florida Statues, must inspect the structures 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 a	uctures personal ect employee who	ly and not the possesses the	rough employee e requisite skill,	s or other persons. knowledge, and
(print name)  contractors and professional engineers only) I had my emplo	oyee (	)	perform the in	
and I agree to be responsible for his/her work.		int name of in 2/12/	. /	
Qualified Inspector Signature:	Da	te: 3/18/		-
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.	e Fraud and may ection 627.711(4)	be subject to -(7), Florida S	administrative Statutes) The Q	action by the ualified Inspector who
<u>Homeowner to complete</u> : 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 only as offering protection from hurricanes.	•	·		
Inspectors Initials TL Property Address 1636-42 S	Stickney Po	oint Rd S	arasota Fl	34231
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OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Page 4 of 4















