Uniform Mitigation Verification Inspection Form

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

Inspection date: 9/13/22					
Owner Information			I		
Owner Name: Fairway Glen Of Saint Andre	Contact Person:				
Address: 107 Woodbridge Dr.	ss: 107 Woodbridge Dr.		Home Phone:		
City: Venice	Zip: 34293		Work Phone:		
County: Sarasota			Cell Phone:		
Insurance Company:	T		Policy #:		
Year of Home: 2002	# of Stories: 2		Email:		
NOTE: Any documentation used in valid accompany this form. At least one photogra 7. The insurer may ask additional questions	aph must accompany this	s form to validate ea	ach attribute marked in q	on attribute must uestions 3 though	
1. <u>Building Code:</u> Was the structure built in compl Dade or Broward counties), South Florida Building		g Code (FBC 2001 or la	ter) OR for homes located in the	ne HVHZ (Miami-	
A.Built in compliance with the FBC: Year I	Built <u>2002</u>	For homes built i	in 2002/2003 provide a permit a	application with	
a date after 3/1/2002: Building Permit Appl	ication Date (MM/DD/YYYY)	9/20/01			
B. For the HVHZ Only: Built in compliance	with the SFBC-94: Year Buil		For homes built in 1994,	1995, and 1996	
provide a permit application with a date after	er 9/1/1994: Building Permit A	pplication Date (MM/DD/Y			
C. Unknown or does not meet the requirement	ents of Answer "A" or "B"				
Roof Covering: Select all roof covering types in Installation/Replacement OR indicate that no inform 2.1 Roof Covering Type I. Asphalt/Fiberglass Shingle			of covering identified.	OR Year of Original No Information Provided for Compliance	
· · · · -	(0/00		_		
3. Metal	/8/22				
4. Built Up					
5. Membrane					
6. Other		-			
A. All roof coverings listed above meet the roofing permit application date on or after 3				tion OR have a	
B. All roof coverings have a Miami-Dade F application after 9/1/1994 and before 3/1/20			OR (for the HVHZ only) a roo	fing permit	
C. One or more roof coverings do not meet	the requirements of Answer ".	A" or "B".			
D. No roof coverings meet the requirement 3. Roof Deck Attachment: What is the weakest fo					
A. Plywood/Oriented strand board (OSB) r nails spaced at 6" along the edge and 12" in nails, adhesives, other deck fastening system below.	the fieldOR- Batten deckin	g supporting wood shak	xes or wood shinglesOR- Any	y system of screws,	
B. Plywood/OSB roof sheathing with a mir common nails spaced a maximum of 12" in spacing that is shown to have an equivalent of at least 103 psf.	ches in the fieldOR- Any sys	stem of screws, nails, ad	lhesives, other deck fastening s	ystem or truss/rafter	
C. Plywood/OSB roof sheathing with a mir common nails spaced a maximum of 6" inc board (or 1 nail per board if each board is e system or truss / rafter spacing that is show field or has a mean uplift resistance of at le	hes in the fieldOR- Dimensi qual to or less than 6 inches in n to have an equivalent or grea	onal lumber/Tongue & width)OR - Any syst	Groove decking with a minimutem of screws, nails, adhesives,	um of 2 nails per other deck fastening	
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	D. Reinforced E. Other:	I Concrete Roof Deck.
		or unidentified.
	G. No attic ac	cess.
		Ehment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or oof 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
<u> Mini</u>	mal conditions t	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D o 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 trust / rafter and blocked no more than 1.5" of the truss / rafter, and free of visible severe corrosion
	B. Clips	
	C. Single Wra	aps ————————————————————————————————————
		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 of the front side and a minimum of 1 nail on the opposing side.
	D. Double Wr	raps
	E. Structural F. Other:	Anchor bolts structurally connected or reinforced concrete roof.
	G. Unknown	or unidentified
	H. No attic ac	cess
		hat 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
inen	closed space in th	ne 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.
5. <u>Se</u>	condary Water l	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 sheathing or foam R barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof
	B. No SWR	
	C. Unknown	or undetermined.
orm	of protection for	n: What is the <u>weakest</u> form of wind borne debris protection installed on the structure? First , use the table to determine the weakest each category of opening. Second , (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.
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Opening Protection Level Chart		Glazed Openings				Non-Glazed Openings	
Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use foreach 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.		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	Х	Х		Χ
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)					Χ	
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 ASTME 330, ANSI / DASMA108, orPA / TAS202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
X	Other protective coverings that cannot be identified as A, B, or C No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, and 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, and 203
- American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
- Southern Standards Technical Document (SSTD) 12
- For Skylights Only: ASTM E 188 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 exist
- 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 X 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
- B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
 - 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 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 above, and no Non-Glazed openings classified as Level C, N, or X in the table above
 - B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- <u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
 - C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
 - 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
 - C.3 One or More Non-Glazed openings is classified as Level N or X in the table above
- N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).

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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 D in the table above, and no Non-Glazed openings classified as Level X in the table above

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

X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.

	ATION INSPECTIONS MUST B ion 627.711(2), Florida Statutes, prov					
Qualified Inspector Name	_	License Type:	Home Inspecto		License or Certificate #:	HI12054
Inspection Company:	Olson Home Inspections			Phone: 94	41-234-6143	
Qualified Inspecto	or – I hold an active license as a: (check one)				
_	icensed under Section 468.8314, Florida Statut Construction Industry Licensing Board and con	-	-	umber of ho	urs of hurricane	e mitigation training
Building code ins	pector certified under Section 468.607, Florida	Statutes.				
General, building	or residential contractor licensed under Section	n 489.111, Flori	da Statutes.			
Professional engi	neer licensed under Section 471.015, Florida S	tatutes.				
Professional arch	itect licensed under Section 481.213, Florida S	tatutes.				
	hual or entity recognized by the insurer as possed pursuant to Section 627.711(2), Florida Statute	-	ary qualifications to	properly con	nplete a unifori	n mitigation
Individuals other than li	censed contractors licensed under Section 4	89.111, Florida	Statutes, or profess	ional engine	eer licensed un	der Section
	must inspect the structures personally and	-				
-	mployee who possesses the requisite skill, kr	_	-	_		inspection.
I, Christopher Olson (print)	am a qualified inspect	or and I person	ally performed the	inspection of	or (licensed	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	onal engineers only) I had my employee ()nerforr	n the inspection
community and projessio	ma engineers only) I mad my employee ((print name o	f inspector)		in the inspection
and I agree to be respon	sible for his/her work.		•	•		
	\sim					
Qualified Inspector Sign	ature:	Date	09/13/2022			
investigation by the Flor criminal prosecution. (S	who knowingly or through gross negligence pida Division of Insurance Fraud and may be ection 627.711(4)-(7), Florida Statutes) The Gas as if the authorized mitigation inspector pe	e subject to adm Qualified Inspe	iinistrative action b ctor who certifies th	y the appro nis form sha	priate licensin	g agency or to
	: I certify that the named Qualified Inspector on tification was provided to me or my Authoriz	_		inspection o	of the residence	identified on this
Signature:	Date 09	/13/2022				
· ·	who knowingly provides or utters a false or f e premium to which the individual or entity	-				
The definitions on this for protection from hurrica	orm are for inspection purposes only and can nes.	nnot be used to	certify any product	or constru	ction feature a	s offering

107 Woodbridge Dr., Venice, 34293

Property Address

^{*}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

Pictures





















