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Email: Jason@SRQInspections.com www.SRQInspections.com

Uniform Mitigation Verification Inspection

Owner Name: The Orleans Condominium Assoc.				Date Inspected: 04/18/2016			
Address:	950 Tarpon Center Dr	City:	Venic	е	Zip: 34285		





NACHI13020712



License # HI8187

Uniform Mitigation Verification Inspection Form

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

Inspect	ion Date: 04/18/2016	or und form and any	documentation pro	Ovided with the mstrand	ee poney
	Information				
Owner		ominium Assoc		Contact Person:	
	s: 950 Tarpon Center Dr	omman 7,0000.		Home Phone:	
	Venice	Zip: 34285		Work Phone:	
	: Sarasota	1 0.200		Cell Phone:	
	nce Company:			Policy #:	
Year of	f Home: 1969	# of Stories: 5		Email:	
				ah aanatuustian an mitiaati	on official one of
accom	: Any documentation used in pany this form. At least one part. The insurer may ask addi	hotograph must accom	pany this form to val	idate each attribute marke	d in questions 3
the	A. Built in compliance with the a date after 3/1/2002: Building B. For the HVHZ Only: Built in provide a permit application w C. Unknown or does not meet of Covering: Select all roof covering:	rd counties), South Flori e FBC: Year Built Permit Application Date n compliance with the S ith a date after 9/1/1994 the requirements of Ans	da Building Code (SFI For homes buile (MM/DD/YYYY)/ FBC-94: Year Built: Building Permit Applewer "A" or "B"	BC-94)? It in 2002/2003 provide a pe _/ For homes built in 1 ication Date (MM/DD/YYYY)/	rmit application with 994, 1995, and 1996
OR	Year of Original Installation/Retering identified.				
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	Provided for Compliance
	1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other			2010	
	A. All roof coverings listed about installation OR have a roofing B. All roof coverings have a M roofing permit application afte C. One or more roof coverings D. No roof coverings meet the of Deck Attachment: What is the A. Plywood/Oriented strand both by staples or 6d nails spaced a shinglesOR- Any system of mean uplift less than that requil B. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common other deck fastening system or a maximum of 12 inches in the C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of severes, nails, a tors Initials Property A	permit application date of fiami-Dade Product Appler 9/1/1994 and before 3/do not meet the requirer requirements of Answer the weakest form of roof pard (OSB) roof sheathing the 6" along the edge and screws, nails, adhesives, red for Options B or C thing with a minimum thick nails spaced a maximum truss/rafter spacing that field or has a mean upling with a minimum thick nails spaced a maximum thick nails spaced a maxim	on or after 3/1/02 OR to proval listing current at 1/2002 OR the roof is 6 ments of Answer "A" or "B". I deck attachment? In attached to the roof 12" in the fieldORother deck fastening so below. I deck attachment of 12" inches in the is shown to have an exist resistance of at least kness of 7/16" inch attached to the roof 12" inches in the is shown to have an exist resistance of at least kness of 7/16" inch attached to the roof 12" inches in the is shown to have an exist resistance of at least kness of 7/16" inches in the fill per board if each board.	he roof is original and built it time of installation OR (for original and built in 1997 or or "B". truss/rafter (spaced a maximal Batten decking supporting ystem or truss/rafter spacing spaced to the roof truss/rafter (fieldOR- Any system of sequivalent or greater resistance to 103 psf. (sched to the roof truss/rafter (fieldOR- Dimensional luming it is equal to or less than 6.5)	n 2004 or later. the HVHZ only) a later. um of 24" inches o.c.) wood shakes or wood that has an equivalent (spaced a maximum of rews, nails, adhesives, the than 8d nails spaced (spaced a maximum of ber/Tongue & Groove inches in width)ORto have an equivalent
_	varification form is valid for u		**************************************		

*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

			greater resi 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			-	d Concrete Roof Deck.
	_			or unidentified.
		G.	No attic a	ccess.
4.				achment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
	Ш	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
	Min	im	al conditio	ons 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.
	Ш	В.	Clips	
			닏	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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
	Ш	C.	Single Wr	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 W	
				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.
	=		Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.
	同			or unidentified
			No attic a	
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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.
		В.	Flat Roof	· · · · · · · · · · · · · · · · · · ·
		C.	Other Roo	less than 2:12. Roof area with slope less than 2:12 <u>100%</u> sq ft; Total roof area <u>15,000</u> sq ft Any roof that does not qualify as either (A) or (B) above.
6.	Sec			r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
	Ш	A.	sheathing	o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the
		B.	No SWR.	from water intrusion in the event of roof covering loss.
				or undetermined.
Ins	spect	ors	s Initials	Property Address 950 Tarpon Center Dr Venice FL 34285
*T	his v	eri	fication fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or

*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. **Opening Protection:** 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	
			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		×	
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	X				×		
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							

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 1886 and ASTM E 1996

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

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 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)
• SSTD 12 (Large Missile – 4 lb. to 8 lb.)
• For Skylights Only: ASTM E 1886 <u>and</u> 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

950 Tarpon Center Dr

Venice

Property Address

the table above

Inspectors Initials_

34285

FL

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N. Exterior Opening Protection (unverified shutter s							
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).							
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 table above	D in the table above, and no N	Ion-Glazed	openings	classified as Level X in the			
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above						
X. None or Some Glazed Openings One or more Glaze	ed openings classified and I	Level X in	the table	e above.			
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	ides a listing of individuals		sign this	s form.			
Qualified Inspector Name: Jason Green	License Type: Home Inspe	ector	License or	Certificate #: HI8187			
Inspection Company: SRQ Inspections LLC		Phone:	(941)2	32-0393			
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 completed the statu and completion of a proficience		er of hours	s of 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							
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ons to prop	erly comp	lete a uniform mitigation			
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.							
I, Jason Green am a qualified inspector a	nd I personally performe	d the insp	ection o	r (licensed			
(print name) contractors and professional engineers only) I had my emplo	oyee () per	form the	inspection			
and I agree to be responsible for his/her work,	(print name	of inspec	tor)				
Qualified Inspector Signature: Date: 04/18/2016							
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is							
an individual or entity who knowingly or through gross he subject to investigation by the Florida Division of Insurance							
appropriate licensing agency or to criminal prosecution. (S							
certifies this form shall be directly liable for the misconduc performed the inspection.	t of employees as if the au	<u>thorized</u>	<u>mitigatio</u>	on inspector personally			
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identificatio							
Signature: Date:							
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 hyrricanes.	ly and cannot be used to c	ertify any	y produc	t or construction feature			
Inspectors Initials Property Address	950 Tarpon Center Dr	Venice	FL	34285			
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Exterior Elevations / Roof Geometry



Elevation: Front Right



Elevation: Front Left



Elevation: Rear Right



Elevation: Rear Left

Roof covering / Roof to wall / Roof deck



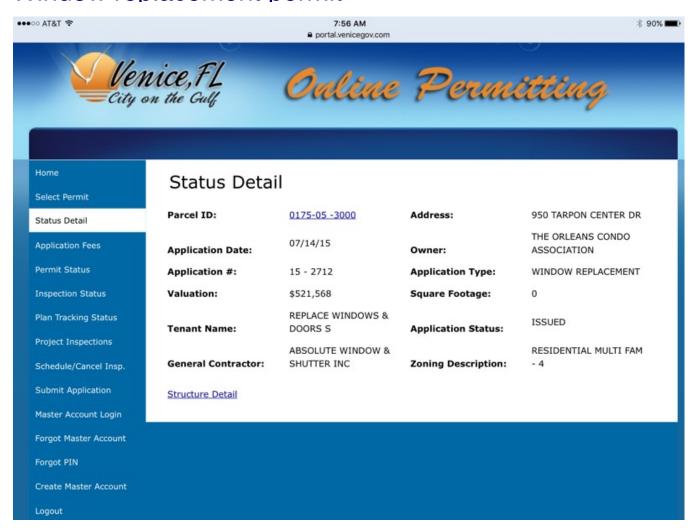
Reinforced concrete w/ membrane



Reinforced concrete w/ membrane

Owner Name:	The Orleans Condomin	Date Inspected: _	04/18/2016		
Address:	950 Tarpon Center Dr	City:	Venice	Zip:	34285

Window replacement permit



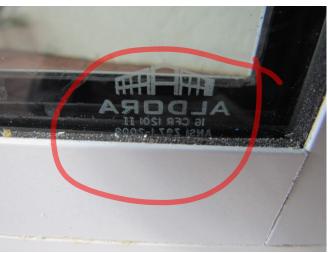
 Owner Name:
 The Orleans Condominium Assoc.
 Date Inspected:
 04/18/2016

 Address:
 950 Tarpon Center Dr
 City:
 Venice
 Zip:
 34285

Opening Protection: 100% protected



Various impact glass engraving



Various impact glass engraving



Various impact glass engraving



Various impact glass engraving



Various impact glass engraving



Various impact glass engraving

Owner Name: The Orleans Condominium Assoc. Date Inspected: 04/18/2016

Address: 950 Tarpon Center Dr City: Venice Zip: 34285

Various opening configurations



Protective System: Impact Glass



Protective System: Impact Glass



Protective System: Impact Glass



Protective System: Impact Glass



Protective System: Impact Glass



Protective System: Impact Glass