Uniform Mitigation Verification Inspection Form

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

Inspection Date: 11/25/2014	Inspection Date: 11/25/2014						
Owner Information							
Owner Name: The Villas 1 at St. Ar	ndrews Park at the	Plantation	Contact Person:	•			
Address: 843 - 845 Tartan Dr.			Home Phone:				
City: Venice	Zip: 34293		Work Phone:				
County: Sarasota		-	Cell Phone:				
Insurance Company:		•	Policy #:				
Year of Home: 1996	# of Stories: 1	# of Stories: 1		Email:			
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.							
the HVHZ (Miami-Dade or Broward co	<b>Iding Code</b> : Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?						
	A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)/_						
B. For the HVHZ Only: Built in corprovide a permit application with a							
X C. Unknown or does not meet the re	equirements of Answer	"A" or "B"					
	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.						
	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 07/	01, 2014	<u> </u>					
☐ 3. Metal/_		!					
П							
_							
		<u>:</u>					
installation OR have a roofing perm	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.						
roofing permit application after 9/1/	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.						
C. One or more roof coverings do n	=		•				
☐ D. No roof coverings meet the requi	irements of Answer "A	" or "B".					
3. <b>Roof Deck Attachment</b> : What is the we	eakest form of roof dec	k attachment?					
by staples or 6d nails spaced at 6" shinglesOR- Any system of screw mean uplift less than that required for							
24"inches o.c.) by 8d common nails other deck fastening system or truss	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.						
24"inches o.c.) by 8d common nail decking with a minimum of 2 nails Any system of screws, nails, adhes	24"inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber/Tongue & Groov 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 Property Address 843 - 845 Tartan Dr.							
*This verification form is valid for up to	five (5) years provide	d no material changes	have heen made to the s	tructure			

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		_	greater resi	istance than 8d common halfs spaced a maximum of 6 inches in the field of has a mean upilit resistance of at least		
		D. Reinforced Concrete Roof Deck.				
		E.	Other:			
		F.	Unknown	or unidentified.		
		G.	No attic a	ccess.		
4.				<b>achment:</b> What is the <u>WEAKEST</u> 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)		
		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		
	Mi	nima	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:		
			X	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.		
	<b>X</b> J	C.	Single W	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 V			
				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.		
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.		
			Other: _			
				n or unidentified		
	Ц	H.	No attic a	access		
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).		
			Hip Roof	Total length of non-hip features: feet; Total roof system perimeter: feet		
			Flat Roof	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft		
	X	C.	Other Ro	of Any roof that does not qualify as either (A) or (B) above.		
,	Ω		1 3374	Desire (CWD) (to also be also be a substantial of the desire of CWD)		
	<u>зе</u>	condary 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.				
			No SWR Unknown	n or undetermined.		
Ins	spec	ctors	s Initials _	Property Address 843 - 845 Tartan Dr.		

<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. Opening Protection: What is the weakest 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. Non-Glazed **Opening Protection Level Chart Glazed Openings** Openings Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Garage Glass Entry Garage or Entry Skylights form of protection (lowest row) for any of the Glazed openings and indicate Block Doors Doors Doors Doors the weakest form of protection (lowest row) for Non-Glazed openings. Х Х N/A Not Applicable- there are no openings of this type on the structure Χ Х Α Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) В C Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance Opening Protection products that appear to be A or B but are not verified Ν 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 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 □ C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 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 Inspectors Initials Property Address 843 - 845 Tartan Dr.

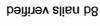
<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

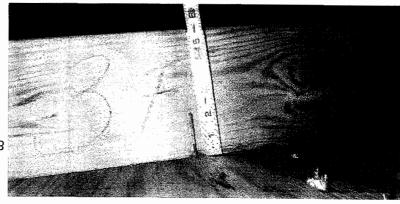
☐ N. Exterior Opening Protection (unverified shutter)	systems with no documentation	All Glazed openings are protected with			
protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the t	nswer "A", "B", or C" or systems	that appear to meet Answer "A" or "B"			
N.1 All Non-Glazed openings classified as Level A, B, C,	or N in the table above, or no Non-Gl	azed openings exist			
<ul> <li>N.2 One or More Non-Glazed openings classified as Level table above</li> </ul>	D in the table above, and no Non-Gl	azed openings classified as Level X in the			
☐ N.3 One or More Non-Glazed openings is classified as Lev	vel X in the table above				
X. None or Some Glazed Openings One or more Glaze	zed openings classified and Level	X in the table above.			
MITIGATION INSPECTIONS MUST . Section 627.711(2), Florida Statutes, pro	-				
Qualified Inspector Name: Steven Rosenbaum	License Type: Engineering	License or Certificate #: 49307			
Insight Inspections	Phon	e: (941) 224-9030			
Qualified Inspector – I hold an active license as	a: (check one)				
Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.  Building code inspector certified under Section 468.607, Florida Statutes.  General, building or residential contractor licensed under Section 489.111, Florida Statutes.  Professional engineer licensed under Section 471.015, Florida Statutes.  Professional architect licensed under Section 481.213, Florida Statutes.					
<ul> <li>Any other individual or entity recognized by the insurer as poss verification form pursuant to Section 627.711(2), Florida Statut</li> </ul>		properly complete a uniform mitigation			
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, Steven Rosenbaum am a qualified inspector and I personally performed the inspection or (licensed (print name)  contractors and professional engineers only) I had my employee ( ) perform the inspection (print name of inspector)  and I agree to be responsible for his/her work.  Qualified Inspector Signature: Date: 12/14/2014					
An individual or entity who knowingly or through gross n					
subject to investigation by the Florida Division of Insuran appropriate licensing agency or to criminal prosecution. (certifies this form shall be directly liable for the miscondu	Section 627.711(4)-(7), Florida S	Statutes) The Qualified Inspector who			
performed the inspection.		· · · · · · · · · · · · · · · · · · ·			
Homeowner to complete: I certify that the named Qualific residence identified on this form and that proof of identification in the complete of	on was provided to me or my Aut	horized Representative.			
An individual or entity who knowingly provides or utters obtain or receive a discount on an insurance premium to of the first degree. (Section 627.711(7), Florida Statutes)					
The definitions on this form are for inspection purposes o as offering protection from hurricanes.	nly and cannot be used to certif	y any product or construction feature			
Inspectors Initials Property Address 843 - 845 Tartan Dr.					
*This verification form is valid for up to five (5) years proinaccuracies found on the form.	ovided no material changes have	been made to the structure or			

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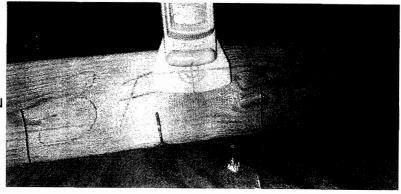
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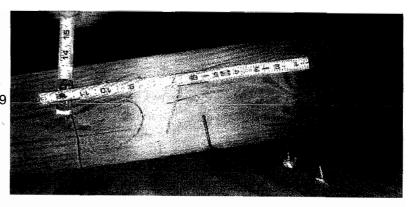




Nail location verified



6" spacing in the field



-23



Single wrap with at least 2 nails on the embedded side and 1 nail on the wrapped





## Argus Management of Venice-AMENDED

181 Center Road

**SWR** documentation

Venice, FL 34293

MasterCraft Roofing, Inc. 941.480.9700	121 Triple Diamond Blvd., Bldg. 11 www.mastercraftroofing.com	N. Venice, FI 34275 fax 941.485.9737				
Date: May 8, 2014	Property Address: Villas at St. Andrew Units 831-837 (Typical	of each 4 Plex)				
	fing material and haul away.	A STATE OF THE STA				
_ *	-	nis proposal				
3. Re-nail wood deck attacles in the field (where demittigation techniques and	<ol> <li>Replacement of any visibly damaged or rotten decking is INCLUDED in this proposal.</li> <li>Re-nail wood deck attached to the roof truss/rafter with 8d common nails spaced 6" at perimeter/ edge and 6" in the field (where deck is supported by roof truss/rafter) in compliance with advanced hurricane mitigation techniques and insurance credit/benefits.</li> </ol>					
4. Install Polyglass TU MA	X self-adhering polymer bitumen underlayment (se	econdary waterproofing) to				
ENTIRE roof deck for n	naximum protection: in compliance with advanced	l hurricane mitigation				
techniques and insuranc	e credit/benefits. See attached literature.					
∑ 5. Install new 26 gauge V-	Valley metal in all valleys for added protection					
	6. Install new custom fabricated gable and wall flashings to "Boston Hip" areas of roofs.					
	'- aluminum drip edge in 🛛 Color	to all roof eaves and rakes.				
<u> </u>	bing flashings and heat/bathroom exhaust vents.					
	sing O'Hagin flush mounted tile roof vents; See att					
•	res tile roofs to higher hurricane/high wind velocit	•				
<del>-</del>	AND ridge tiles with corrosion resistant screw fasteners meeting ASTME 641 Class 1 and/or corrosion					
	in accordance with ASTM B 117.					
⊠Entegra, ☐ Eagle ☐	_	choice of manufacturers				
	Profile/Color:					
11. Eve drainage is to be pro	ovided by Mortar weep hole Metal Color:					
General: All work to be done by Generally Accepted Roofing Practices. All employees covered by Workers' Compensation. MasterCraft Roofing is a Florida Certified Contractor: License No. CCC1327434. All work is subject to all required County/City building inspections. MasterCraft Roofing will file and obtain all required permits. Please review the reverse page for warranties, conditions and terms.						
We propose to furnish all materials and labor to complete work in accordance with the above specifications for the sum of:  § 54,033.00 52,583.00 per building or \$ 210,332.00 Total; Payment to be made upon completio						
Owner: ROBERT E	= HUDAK By: Sent	thelween				
Printed Name of Owner or		Scott Severson				
Signature of Owner of Aut	Stedak 1	MasterCraft Roofing, Inc. Scott's Cell 941-302-3147				





