Uniform Mitigation Verification Inspection Form Maintain a copy of this form and any documentation provided with the insurance policy

Owner Information	Inspection Date:	ins torm and any C	iocumentation prov	rided with the insurance	ce poncy	
Downer Name: Contact Person: Address: Home Phone:						
City: Zip: Work Phone: County: Cell Phone:				Contact Person:		
County: Cell Phone:	Address:			Home Phone:		
Insurance Company: Policy #: Year of Home: # of Stories: Email: Email: Email: Email: Email: 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. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC-94)? A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 31/2002: Building Permit Application Date (MANISONY) For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date (MANISONY) For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date (MANISONY) For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date (MANISONY) For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994: Building Permit Application Date (MANISONY) For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994 built 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:	City:	Zip:		Work Phone:		
Year of Home:	County:			Cell Phone:		
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? The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVIIZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVIIZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVIIZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR For homes built in 2002/2003 provide a permit application with a date after 371/1994. Building Permit Application Date ossooryyy / For homes built in 1994, 1995, and 1996 provide a permit application with a date after 371/1994. Building Permit Application Date ossooryyy / C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: 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: Select all roof covering types in use. Provide the permit application was available to verify compliance for each roof covering identified. 2.1 Roof Coverings Shape 2.2 CommeteClay Tile 3. Roof Deck Attachment: What is the weakest form of roof deck attachment? 4. A. 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 91/1994 and before 31/12002 OR the roof is original and built in 1997 or later. 5. C. One or more roof coverings do not meet the requirements of Answer "A" or "B". 6. D. No roof co	Insurance Company:			Policy #:		
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a date after 371/2002: Building Permit Application Date OMEDDATYYN	the HVHZ (Miami-Dade or Broward co	ounties), South Florida	Building Code (SFBC	C-94)?		
provide a permit application with a date after 9/1/1994: Building Permit Application Date OMENDOVYYY	a date after 3/1/2002: Building Per	mit Application Date	MM/DD/YYYY)//			
2. Roof Covering: 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. Lapod Covering Type: Permit Application Permit Application Product Approval # Vear of Original Installation or Replacement Provided for Compliance Product Approval # Vear of Original Installation or Replacement Provided for Compliance	provide a permit application with a	date after 9/1/1994: E	Building Permit Application	For homes built in 1 ation Date (MM/DD/YYYY)/	994, 1995, and 1996 //	
2.1 Roof Covering Type: Permit Application Dute Product Approval ## 1. Asphalter Product Approval ## 2. Concrete Clay Title	2. Roof Covering: Select all roof coverin OR Year of Original Installation/Replacement	g types in use. Provide	e the permit application			
□ 2. Concrete/Clay Tile □ 3. Metal □ □ □ 4. Built Up □ □ □ 5. Membrane □ □ 6. Other □ □ □ 6. Other □ □ □ 6. Other □ □ □ □ □ 6. Other □ □ □ □ □ 0. Other □ □ □ □ □ 0. Other □ □ □ □ □ □ 0. Other □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					Provided for	
3. Metal	1. Asphalt/Fiberglass Shingle	/				
□ 3. Metul						
□ 4. Built Up □ 5. Membrane □ 6. Other □ 6. Other □ 7.						
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Inspectors Initials Property Address	24"inches o.c.) by 8d common nai decking with a minimum of 2 nails	ls spaced a maximum per board (or 1 nail p	of 6" inches in the fie per board if each board	ldOR- Dimensional lum is equal to or less than 6	ber/Tongue & Groove inches in width)OR-	
	Inspectors Initials Property Address	ess				

*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

		or greater re	esistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
	П		ced Concrete Roof Deck.
			Concrete Roof Book.
			rn or unidentified.
		G. No attic	
4			
4.		eet of the insi	ttachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within ide or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nai	
			the top plate of the wall, or
			Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mir	nimal condit	tions 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.
		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 V	
			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.
		E. Structura	Anchor bolts structurally connected or reinforced concrete roof.
		F. Other: _	
		G. Unknow	yn or unidentified
		H. No attic	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 e over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A. Hip Roo	
		B. Flat Roc	
		C. Other R	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft oof Any roof that does not qualify as either (A) or (B) above.
		C. Other K	Any roof that does not qualify as either (A) of (B) above.
6.	Sec	A. SWR (a sheathin	ter Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) lso called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the go or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the g from water intrusion in the event of roof covering loss.
			/n or undetermined.
In			Property Address
	_		form is valid for up to five (5) years provided no meterial shanges have been made to the structure or
**	hia .	romitiontion :	town is violed for in to fire (5) vegus provided no motorial shanges 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. <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	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 orm of protection (lowest row) for any of the Glazed openings and indicate he weakest form of protection (lowest row) for 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						
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						
IN	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the produ	ct approval
system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cycl	ic 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

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

- 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.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 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

Inspectors Initials _____ Property Address_

^{*}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's protective coverings not meeting the requirements of Awith no documentation of compliance (Level N in the ta	nswer "A", "B", or	cumentation) All C" or systems that	Il Glazed openings are protected with at appear to meet Answer "A" or "B"
□ N.1 All Non-Glazed openings classified as Level A, B, C, o	<i>'</i>	e, or no Non-Glaze	d openings exist
☐ N.2 One or More Non-Glazed openings classified as Level table above	D in the table above,	and no Non-Glazed	d openings classified as Level X in the
□ N.3 One or More Non-Glazed openings is classified as Lev	el X in the table abov	e	
☐ X. None or Some Glazed Openings One or more Glaze	ed openings classifi	ed and Level X is	n the table above.
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov		~	
Qualified Inspector Name:	License Type:		License or Certificate #:
Inspection Company:		Phone:	
Ouglified Ingreston - I hold on active license of a	. (abadr ana)		
Oualified Inspector – I hold an active license as a ☐ Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board ☐ Building code inspector certified under Section 468.607, Florida	es who has completed and completion of a p		per of hours of hurricane mitigation
☐ General, building or residential contractor licensed under Section	n 489.111, Florida Sta	itutes.	
☐ Professional engineer licensed under Section 471.015, Florida Section 471.015	tatutes.		
□ Professional architect licensed under Section 481.213, Florida Secti			
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute		ualifications to pro	perly complete a uniform mitigation
Individuals other than licensed contractors licensed under			
under Section 471.015, Florida Statutes, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a dir experience to conduct a mitigation verification inspection.			
I, am a qualified inspector a	and I personally pe	erformed the ins	pection or (Ricenzed G. KAR)
(print name) contractors and professional engineers only) I had my emple	oyee () per	rform the inspection
and I agree to be responsible for his/her work.		nt name of inspe	ctor) No 0052677
•	T . (STATE OF
Qualified Inspector Signature:	Date	e:	- 70° ° % 0 - 10° ° %
An individual or entity who knowingly or through gross ne subject 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.	ection 627.711(4)-	(7), Florida Stat	utes) The Qualified Inspector who
<u>Homeowner to complete</u> : I certify that the named Qualifie residence identified on this form and that proof of identificatio			
Signature:l	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 hurricanes.	ly and cannot be u	sed to certify an	y product or construction feature
		·	

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OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Bahia Vista Gulf Association, Inc. $$ $$ $$ $$ $$ $$ $$ $$ $$ $$
Project #22RS-0372
December 28, 2023
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UNIFORM MITIGATION VERIFICATION INSPECTION FORM SUPPLEMENTARY FIGURES & DOCUMENTATION





Figure 1 – Building J



Figure 2 – TPO Roofing System





Figure 3 -Roof Deck Attachment - 8d common nails spaced max 6 inches



Figure 4 - Roof to Wall Attachment - Clips





Figure 5 – Secondary Water Resistance - Yes



Figure 6: Windows





Figure 7: Entry Door

