Uniform Mitigation Verification Inspection Form

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

Inspection Date: 09/9/2019									
Owner Information									
Owner Name: Villas 2 @ St Andrews In The Plantation				Contact Person:					
Address: 877-879 Chalmers Dr				Home Phone:					
City: Venice		Zip: 34293	Zip: 34293						
County: Sarasota					Cell Phone:				
Insurai	nce Company:			Policy #:	Policy #:				
Year o	f Home: 1999	# of Stories: 1		Email:					
accom	: Any documentation used in pany this form. At least one pl 17. The insurer may ask addit	hotograph must accompa	any this form to valida	ate each attribute marke	d in questions 3				
 Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the 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 (N	MM/DD/YYYY)//		VPF				
	B. For the HVHZ Only: Built in								
	provide a permit application wi			tion Date (MM/DD/YYYY)/	/				
~	C. Unknown or does not meet t	•							
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 Type:	Permit 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	02,02,2017		2017					
	3. Metal								
	4. Built Up								
	5. Membrane								
	6. Other								
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. 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 not meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". 3. Roof Deck Attachment: What is the weakest form of roof deck attachment?									
	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.								
V	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-Inspectors Initials FM Property Address 877-879 Chalmers Dr, Venice, 34293								
Inspec	tors Initials <u>& F\</u> Property Ac	daress of 1-019 Chaille	3 DI, VEHICE, 34293						

*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.

	ning system or truss/rafter spacing that is shown to have an equivalent imum of 6 inches in the field or has a mean uplift resistance of at least				
D. Reinforced Concrete Roof Deck.					
E. Other:					
F. Unknown or unidentified.					
G. No attic access.					
5 feet of the inside or outside corner of the roof in determinati	vall connection? (Do not include attachment of hip/valley jacks within on of WEAKEST type)				
A. Toe Nails Truss/rafter anchored to top plate of wall the top plate of the wall, or	using nails driven at an angle through the truss/rafter and attached to				
Metal connectors that do not meet the mini	mal conditions or requirements of B, C, or D				
Minimal conditions to qualify for categories B, C, or D. Al	visible metal connectors are:				
Secured to truss/rafter with a minimum of	hree (3) nails, and				
the blocking or truss/rafter and blocked no corrosion.	aming, or embedded in the bond beam, with less than a ½" gap from more than 1.5" of the truss/rafter, and free of visible severe				
B. Clips					
Metal connectors that do not wrap over the	•				
position requirements of C or D, but is second	up that wraps over the top of the truss/rafter and does not meet the nail ared with a minimum of 3 nails.				
C. Single Wraps Metal connectors consisting of a single si	rap that wraps over the top of the truss/rafter and is secured with a				
minimum of 2 nails on the front side and a					
D. Double Wraps					
beam, on either side of the truss/rafter whe	straps that are attached to the wall frame, or embedded in the bond re each strap wraps over the top of the truss/rafter and is secured with d a minimum of 1 nail on the opposing side, or				
Metal connectors consisting of a single stra both sides, and is secured to the top plate w	up that wraps over the top of the truss/rafter, is secured to the wall on with a minimum of three nails on each side.				
E. Structural Anchor bolts structurally connected or F. Other:	reinforced concrete roof.				
G. Unknown or unidentified					
H. No attic access					
	of sof porches or carports that are attached only to the fascia or wall of of roof perimeter or roof area for roof geometry classification).				
	ater than 10% of the total roof system perimeter.				
B. Flat Roof Roof on a building with 5 or more unit	feet; Total roof system perimeter: feet s where at least 90% of the main roof area has a roof slope of				
C. Other Roof Any roof that does not qualify as either	ss than 2:12 sq ft; Total roof area sq ft r (A) or (B) above.				
	olymer modified-bitumen roofing underlayment applied directly to the on insulation) applied as a supplemental means to protect the				
	B. W. : 04000				
Inspectors Initials <u>E</u> M Property Address <u>877-879</u> Chalmer	s Dr, Venice, 34293				
*This verification form 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. <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	
opening form of	"X" in each row to identify all forms of protection in use for each type. Check only one answer below (A thru X), based on the weakest protection (lowest row) for any of the Glazed openings and indicate skest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
	Not Applicable- there are no openings of this type on the structure		Х	Х	Χ		
	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
В	/erified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
c \	/erified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
1) 1	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						
	Other protective coverings that cannot be identified as A, B, or C						
X 1	No Windborne Debris Protection	Х				Χ	Х
-	tem of the State of Florida or Miami-Dade County and meet the requ Large Missile Impact" (Level A in the table above). • Miami-Dade County PA 201, 202, and 203		2 011 0				1000010
	· · · · · · · · · · · · · · · · · · ·						
	Florida Building Code Testing Application Standard (TAS) 20						
	American Society for Testing and Materials (ASTM) E 1886 and Materials (ASTM) E 1	and ASTM I	∃ 1996				
	Southern Standards Technical Document (SSTD) 12 Southern Standards Technical Document (SSTD) 12						
	• For Skylights Only: ASTM E 1886 and ASTM E 1996						
\Box .	• For Garage Doors Only: ANSI/DASMA 115	~					
$\overline{\square}_{A}$.1 All Non-Glazed openings classified as A in the table above, or no Non-G .2 One or More Non-Glazed openings classified as Level D in the table above X in the table above	-	-	d openings	classifie	d as Leve	l B, C, N
	.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X i	in the table a	bove				
ope in th	Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I nings are protected, at a minimum, with impact resistant coverings he product approval system of the State of Florida or Miami-Dade ("Cyclic Pressure and Large Missile Impact" (Level B in the table ab ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)	or products County and	s listed as	s windborn	ne debri	s protect	ion devi
	 SSTD 12 (Large Missile – 4.8 lb.) 						
	 For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large 	e Missile - 2	to 4.5 lb.)				
\prod_{R}	.1 All Non-Glazed openings classified as A or B in the table above, or no N						
ΠВ	.2 One or More Non-Glazed openings classified as Level D in the table about the table above				classifie	d as Leve	I C, N, or
	.3 One or More Non-Glazed openings is classified as Level C, N, or X in th	ne table abov	e				
	Exterior Opening Protection- Wood Structural Panels meeting vood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2					s are co	vered w
\prod_{C}	.1 All Non-Glazed openings classified as A, B, or C in the table above, or n	no Non-Glaze	ed opening	gs exist			
=	.2 One or More Non-Glazed openings classified as Level D in the table abo				classifie	d as Leve	l N or X i
	he table above						
	he table above .3 One or More Non-Glazed openings is classified as Level N or X in the ta	able above					

^{*}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							
protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the t		s 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-Glazed openings exist							
N.2 One or More Non-Glazed openings classified as Level table above							
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 Glazed		X in the table above.					
MITIGATION INSPECTIONS MUST	BE CERTIFIED BY A QUALIFI	ED INSPECTOR.					
Section 627.711(2), Florida Statutes, prov	0 0						
Qualified Inspector Name: Eric Meinheit	License Type: Home Inspector	License or Certificate #: HI1463					
Inspection Company: Inspect2save	Pho. 941	ne: -256-0910					
Qualified Inspector – I hold an active license as a	ı: (check one)						
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section	res who has completed the statutory is and completion of a proficiency example a Statutes.						
Professional engineer licensed under Section 471.015, Florida S	tatutes.						
Professional architect licensed under Section 481.213, Florida S							
Any other individual or entity recognized by the insurer as poss verification form pursuant to Section 627.711(2), Florida Statut		properly complete a uniform mitigation					
Individuals other than licensed contractors licensed under							
under Section 471.015, Florida Statues, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a dir							
experience to conduct a mitigation verification inspection.							
	and I personally performed the	inspection or (licensed					
(print name) contractors and professional engineers only) I had my empl	oyee ((print name of in	perform the inspection					
and I agree to be responsible for his/her work. Qualified Inspector Signature:	Date: 09/9/2019						
An individual or entity who knowingly or through gross no	egligence provides a false or fra	udulent mitigation verification form is					
subject to investigation by the Florida Division of Insuran							
appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduction performed the inspection.							
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification							
- · · · · · · · · · · · · · · · · · · ·		norized Representative.					
Signature:	Date:						
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to v of the first degree. (Section 627.711(7), Florida Statutes)							
The definitions on this form are for inspection purposes or as offering protection from hurricanes.	aly and cannot be used to certif	y any product or construction feature					
Inspectors Initials EM Property Address 877-879 Chair	ners Dr, Venice, 34293						
*This verification form is valid for up to five (5) years proinaccuracies found on the form.	vided no material changes have	been made to the structure or					

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

Page 4 of 4











8d nails 6x6 Roof Deck Attachment



8d nails 6x6 Roof Deck Attachment



Single wrap Roof To Wall Attachment



Single wrap Roof To Wall Attachment



SWR