## **Uniform Mitigation Verification Inspection Form**

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

Inchacti	on date: 2/2/24	<u> </u>	-		
•	Information				
Owner 1		rews Association Inc.		Contact Person:	
Address				Home Phone:	
	Venice	Zip: 34293		Work Phone:	
County:		21p. 3 1293		Cell Phone:	
	ce Company:			Policy #:	
	Home: 2004	# of Stories: 1		Email:	
	: Any documentation used in va	<u> </u>			n attribute must
accom	pany this form.At least one photo insurer may ask additional questio	graph must accompany the	his form to validate ea	ich attribute marked in q	
Dade or	ling Code: Was the structure built in cor Broward counties), South Florida Build	ing Code (SFBC-94)?	ling Code (FBC 2001 or lat	ter) OR for homes located in th	e HVHZ (Miami-
V	A.Built in compliance with the FBC: Ye	ear Built 2004	For homes built in	n 2002/2003 provide a permit a	pplication with
	a date after 3/1/2002: Building Permit A	pplication Date (MM/DD/YYYY)	5/21/03		
П	B. For the HVHZ Only: Built in complia	ance with the SFBC-94: Year B	uilt	For homes built in 1994,	1995, and 1996
ш	provide a permit application with a date	after 9/1/1994: Building Permi	t Application Date (MM/DD/Y	YYYY)	
	C. Unknown or does not meet the requir	ements of Answer "A" or "B"			
2. Roof	Covering: Select all roof covering types	s in use. Provide the permit app	lication date OR FBC/MD	C Product Approval number O	R Year of Original
	tion/Replacement OR indicate that no inf				S
	2.1 Roof Covering Type	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or	No Information Provided for
			***	Replacement	Compliance
	1. Asphalt/Fiberglass Shingle				님
	2. Concrete/Clay Tile	9/28/23			닏
	3. Metal				닏
	4. Built Up				H
	5. Membrane 6. Other				H
_		4 FDC '4 FDC M' '	D 1 D 1 (A 11)		· OD 1
V	A. All roof coverings listed above meet roofing permit application date on or after			_	ion OK nave a
	B. All roof coverings have a Miami-Dad application after 9/1/1994 and before 3/			OR (for the HVHZ only) a root	fing permit
	C. One or more roof coverings do not m	neet the requirements of Answe	r "A" or "B".		
Ш	D. No roof coverings meet the requirem	ents of Answer "A" or "B".			
3. <u>Roof</u>	<b>Deck Attachment:</b> What is the <b>weakes</b>	t form of roof deck attachment	?		
	A. Plywood/Oriented strand board (OSE nails spaced at 6" along the edge and 12 nails, adhesives, other deck fastening sy below.	" in the fieldOR- Batten deck	king supporting wood shak	es or wood shinglesOR- Any	system of screws,
	B. Plywood/OSB roof sheathing with a 8d common nails spaced a maximum of truss/rafter spacing that is shown to have resistance of at least 103 psf.	12" inches in the fieldOR- A	ny system of screws, nails,	adhesives, other deck fastening	g system or
V	C. Plywood/OSB roof sheathing with a 8d common nails spaced a maximum of board (or 1 nail per board if each board system or truss / rafter spacing that is sheald or has a mean uplift resistance of a	6" inches in the fieldOR- Di is equal to or less than 6 inches nown to have an equivalent or g	mensional lumber/Tongue in width)OR- Any syste	& Groove decking with a mini em of screws, nails, adhesives, of	mum of 2 nails per other deck fastening
Inspect	or Initials — Property Address	s 885/887 Tartan Dr. Vei	nice 34293		

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	D. Reinforced C E. Other:	Concrete Roof Deck.
	F. Unknown or	unidentified.
	G. No attic acce	ess.
		ment: 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 of 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
Minin		qualify for categories B, C, or D. All visible metal connectors are:
	$\checkmark$	Secured to truss/rafter with a minimum of three (3) nails, and
	$\checkmark$	Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a $\frac{1}{2}$ " 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
Ц	B. Clips	
V	C. Single Wrap	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 or the front side and a minimum of 1 nail on the opposing side.
П	D. Double Wra	
		Anchor bolts structurally connected or reinforced concrete roof.
H	G. Unknown or	umidantified
$\Box$	H. No attic acce	
5 Por		at 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
		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
	B. Flat Roof	features feet; Total roof system perimeter: feet;  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;
V	C. Other Roof	Any roof that does not qualify as either (A) or (B) above.
6. <u>Sec</u>	ondary Water Ro	esistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
V		called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam 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.
7. <b>Op</b> e	ening protection:	What is the <u>weakest</u> form of wind borne debris protection installed on the structure? <b>First</b> , use the table to determine the weakest
		ach category of opening. <b>Second</b> , (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.
Inspec	ctor Initials	Property Address 885/887 Tartan Dr., Venice, 34293

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Opening Protection Level Chart		Glazed Openings			Non-Glazed Openings			
Place a foreach on the opening	m "X" in each row to identify all forms of protection in use a opening type. Check only one answer below (A thru X), based weakest form of protection (lowest row) for any of the Glazed gs and indicate the weakest form of protection (lowest row) for Nonopenings.	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	Χ	X	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)							
C	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							
11	Other protective coverings that cannot be identified as A, B, or C							
X	No Windborne Debris Protection	Χ						
	A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for sl impact resistant coverings or products listed as wind borne debris protection of Dade County and meet the requirements of one of the following for "Cyclic P  Miami-Dade County PA 201, 202, and 203  Florida Building Code Testing Application Standard (TAS) 201, 2  American Society for Testing and Materials (ASTM) E 1886 and  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 A.2 One or More Non-Glazed openings classified as Level D in the table above  A.3 One or More Non-Glazed Openings is classified as Level B, C, N,	levices in the ressure and L  202, and 203  ASTM E 199  Non-Glazed of the above, and or X in the ta	product a Large Mis  96  openings d no Non-able abov	exist Glazed oper	nem of the (Level A i	State of Flo in the table	orida or Miamiabove).	
	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 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):						the State of	
	• ASTM E 1886 <u>and ASTM E 1996</u> (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							
	2 - 2		-	_	inos classi	ified as Lev	vel C N or X in	
	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 I	X in the table	above					
	C. Exterior Opening Protection- Wood Structural Panels meeting FBC 20 requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).	007 All Glaze		gs are cover	ed with ply	/wood/OSI	3 meeting the	
	C.1 All Non-Glazed openings classified as A, B, or C in the table abov		Glozed o	nanings avis	+			
						:c.1	1 NI W :	
	C.2 One or More Non-Glazed openings classified as Level D in the table above	oie above, and	ı no Non-	Giazed oper	iings ciassi	ined as Lev	el N or A in	
	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).							
		1000						
-	or Initials Property Address885/887 Tartan Dr., Venice, 3							
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Non-Glazed Openings

Glazed Openings

Adopted by Rule 69O-170.0155

	N.1 All Non-Glazed openings classified as Level A, B, G	C, or N in the ta	able above, or no Non-G	Glazed open	ings exist	
	N.2 One or More Non-Glazed openings classified as Lev					
	table above  N.3 One or More Non-Glazed openings is classified as I	aval V in the t	ahla ahaya			
V	X. None or Some Glazed Openings One or more Glazed open			e above.		
	MITIGATION INSPECTIONS MUST I				INCDECTOD	_
	Section 627.711(2), Florida Statutes, pro					
Qualif	ied Inspector Name: Christopher Olson	License Type	e: Home Inspector		License or HI12054 Certificate #:	
Inspec	tion Company: Olson Home Inspections			Phone: 94	41-234-6143	_
Qual	lified Inspector – I hold an active license as a:	(check one	)			_
V	Home inspector licensed under Section 468.8314, Florida Statu approved by the Construction Industry Licensing Board and co			umber of ho	ours of hurricane mitigation trainin	g
	Building code inspector certified under Section 468.607, Florid	la Statutes.				
	General, building or residential contractor licensed under Section	on 489.111, Flo	orida Statutes.			
닏	Professional engineer licensed under Section 471.015, Florida S	Statutes.				
Ш	Professional architect licensed under Section 481.213, Florida S					
	Any other individual or entity recognized by the insurer as possiverification form pursuant to Section 627.711(2), Florida Statur	-	essary qualifications to	properly co	mplete a uniform mitigation	
<u>inspec</u> I Ch	<del></del>					
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contra	(print name)	tor and I pers			) perform the inspection	
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and I  Qualif  An indinvest crimin miscon  Home form a	(print name) actors and professional engineers only) I had my employee ( agree to be responsible for his/her work.  fied Inspector Signature: dividual or entity who knowingly or through gross negligence igation by the Florida Division of Insurance Fraud and may be nal prosecution. (Section 627.711(4)-(7), Florida Statutes) The induct of employees as if the authorized mitigation inspector provided to me or my Authorized that proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorize	Date provides a fal pe subject to ac Qualified Ins personally perf	(print name o	f inspector)  sation verifi y the appro	perform the inspection  cation form is subject to priate licensing agency or to ll be directly liable for the	
and I  Qualif  An incinvest crimir miscol  Home form a Signat An incidiscou	(print name) actors and professional engineers only) I had my employee ( agree to be responsible for his/her work.  fied Inspector Signature: dividual or entity who knowingly or through gross negligence igation by the Florida Division of Insurance Fraud and may be nal prosecution. (Section 627.711(4)-(7), Florida Statutes) The induct of employees as if the authorized mitigation inspector provided to me or my Authorized that proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorized mitigation in the proof of identification was provided to me or my Authorize	Date provides a fal pe subject to ac Qualified Ins personally perf or his or her en zed Representa 2/02/2024 fraudulent mi	(print name o	f inspector)  ation verification verification with the appropriate form shall inspection of the company of the	cation form is subject to opriate licensing agency or to all be directly liable for the of the residence identified on this one intent to obtain or receive a	
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## **Pictures**



























