Uniform Mitigation Verification Inspection Form

т	•	y of this form and ar	y documentation pro	vided with the insuran	ce policy
	tion Date:				
	r Information			T	
	r Name:			Contact Person:	
Addre	SS:	T =.		Home Phone:	
City:		Zip:		Work Phone:	
County				Cell Phone:	
	nce Company:			Policy #:	
Year o	of Home:	# of Stories:		Email:	
accom though	E: Any documentation used in the pany this form. At least one in the insurer may ask aduilding Code: Was the structu	e photograph must acco ditional questions rega	mpany this form to valid rding the mitigated featu	date each attribute marke ure(s) verified on this form	ed in questions 3 n.
	HVHZ (Miami-Dade or Brov				101 11011100 1000000
	A. Built in compliance with a date after 3/1/2002: Buildin	the FBC: Year Built ng Permit Application Da	For homes built	in 2002/2003 provide a pe	rmit application with
	B. For the HVHZ Only: Built provide a permit application	with a date after 9/1/199	4: Building Permit Applic	. For homes built in 1 cation Date (MM/DD/YYYY)	994, 1995, and 1996
	C. Unknown or does not med	•			
OR	of Covering: Select all roof c R Year of Original Installation/ vering identified.				ance for each roof
	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	/			
SR	2. Concrete/Clay Tile	/			
	3. Metal				
	4. Built Up				
	5. Membrane				
	_	//			
	6. Other	/			Ц
	A. All roof coverings listed a installation OR have a roofin	above meet the FBC with ag permit application date	a FBC or Miami-Dade P e on or after 3/1/02 OR th	roduct Approval listing cur e roof is original and built i	rent at time of in 2004 or later.
	B. All roof coverings have a roofing permit application af				
	C. One or more roof covering	gs do not meet the requir	ements of Answer "A" or	· "B".	
	D. No roof coverings meet th	ne requirements of Answ	er "A" or "B".		
3. Ro	of Deck Attachment: What is	s the weakest form of roo	of deck attachment?		
	A. Plywood/Oriented strand by staples or 6d nails spaced shinglesOR- Any system of mean uplift less than that req B. Plywood/OSB roof sheat	board (OSB) roof sheath d at 6" along the edge an of screws, nails, adhesive juired for Options B or C	ing attached to the roof to ad 12" in the fieldOR- s, other deck fastening sy below.	Batten decking supporting stem or truss/rafter spacing	wood shakes or wood that has an equivalent
	24"inches o.c.) by 8d commother deck fastening system a maximum of 12 inches in t	on nails spaced a maximor truss/rafter spacing the he field or has a mean up	um of 12" inches in the fi at is shown to have an equ plift resistance of at least	eldOR- Any system of so uivalent or greater resistand 103 psf.	rews, nails, adhesives, ee than 8d nails spaced
	C. Plywood/OSB roof sheat 24"inches o.c.) by 8d comm decking with a minimum of Any system of screws, nails	on nails spaced a maxim 2 nails per board (or 1 na	um of 6" inches in the fig ail per board if each board	eldOR- Dimensional lum d is equal to or less than 6	ber/Tongue & Groove inches in width)OR-
Inspec	ctors Initials <u>M</u> Property		<u>-</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

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
	П	D. Reinforced Concrete Roof Deck.
		E. Other:
	П	F. Unknown or unidentified.
		G. No attic access.
4.	Ro	of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within eet of the inside 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	nimal conditions 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	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.
	Ш	C. Single Wraps 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. Structural Anchor bolts structurally connected or reinforced concrete roof.F. Other:
	П	G. Unknown or unidentified
		H. No attic access
		11. 130 data decess
5.		of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of host structure 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. Total length of non-hip features: feet; Total roof system perimeter: feet
		B. Flat Roof 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
		C. Other Roof Any roof that does not qualify as either (A) or (B) above.
6.	Sec	 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. B. No SWR. C. Unknown or undetermined.
In	spec	etors Initials M Property Address
*T	his	verification form is valid for up to five (5) years provided no material changes have been made to the structure or

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inaccuracies found on the form.

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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 Clazed Openings Clazed Openings			Non-Glazed Openings			
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.		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						
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. 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

☐ 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

Inspectors Initials M Property Address

• 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

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	ior Opening Protection (unverified shutter e coverings not meeting the requirements of a ocumentation of compliance (Level N in the		no document B", or C" or sy	ation) A	Il Glazed openings are protected with at appear to meet Answer "A" or "B"			
□ NIAII	N.1 All Non-Glazed openings classified as I evel A B C or N in the table above).							
□ N.2 One	 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 D in the table above, and no Non-Glazed openings classified as Level X in the table above 							
	N.3 One or More Non-Glazed openings is classified as Level X in the table above							
	or Some Glazed Openings One or more Gla			Level X is	n the table above.			
	MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro	BE CERTIFIE vides a listing	ED BY A QUAI of individuals	LIFIED I	INSPECTOR. y sign this form.			
Qualified Inspector Nat	Steven Rosenbaum	License Type:	Engineeri		License or Certificate #: 49307			
Inspection Company:	Insight Inspections			Phone:	(941) 224-9030			
Qualified Ins	pector – I hold an active license as	a: (check on	ie)					
☐ Home inspect	or licensed under Section 468.8314, Florida Statu oved by the Construction Industry Licensing Board	tes who has com	plated the statut	ory numb	er of hours of hurricane mitigation			
☐ Building code	inspector certified under Section 468.607, Florida	a Statutes.		3				
General, build	ling or residential contractor licensed under Section	on 489.111, Flori	da Statutes.					
	engineer licensed under Section 471.015, Florida S							
	rchitect licensed under Section 481.213, Florida S							
Any other ind verification for	ividual or entity recognized by the insurer as possorm pursuant to Section 627.711(2), Florida Statuto	essing the neces es.	sary qualification	ns to prop	erly complete a uniform mitigation			
Licensees under	r than licensed contractors licensed under 71.015, Florida Statues, must inspect the st s.471.015 or s.489.111 may authorize a dir	ructures ners	anally and not	t theman	h aman language of the control of th			
experience to co	nduct a minigation verification inspection.							
Channe	Rosenbaum am a qualified inspector a		lly performed	the insp	ection or (licensed			
contractors and p	professional engineers only) I had my empl) peri	form the inspection			
	e responsible for his/her work.	\mathcal{M}	(print name o	1	(2021			
Qualified Inspec	tor Signature:	ma	Date:	1001				
appropriate licer	entity who knowingly or through gross negation by the Florida Division of Insurances agency or to criminal prosecution. (See a shall be directly liable for the misconducts aspection.	e Fraud and rection 627.711	nay be subject	t to adm	inistrative action by the			
Homeowner to residence identified Signature:	complete: I certify that the named Qualified and that proof of identification and that proof of identification with the proof of identification of the proof of identification and that proof of identification is a second or in the proof of identification of the proof of identification is a second or in the proof of identification is a second o	n was provided	to me or my	Authorize	ed Representative			
untain of receive	entity who knowingly provides or utters a a discount on an insurance premium to w e. (Section 627.711(7), Florida Statutes)	false or fraud hich the indiv	lulent mitigati idual or entity	ion verifi is not e	ication form with the intent to ntitled commits a misdemeanor			
The definitions o as offering protection	n this form are for inspection purposes onletion from hurricanes.	ly and cannot	be used to cer	tify any	product or construction feature			
Inspectors Initial	Property Address 89	3-895 Chalm	ers Dr.					
*This verification inaccuracies foun	form is valid for up to five (5) years provi	ided no mater	ial changes ha	ive been	made to the structure or			
	ev. 01/12) Adopted by Rule 69O-170.0155				Page 4 of 4			

893-895







8d nails verified



Nail location verified

893-895



6" spacing in the field



SWR installed under the shingles



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



SWR documentation

Home

Home

Tutorials

Public Services

Member Services

Public Services

Permit Search/Report Information

Request for Information

Register your State License

Licensed Contractor Information

Member Services Online Access Request

Inspector Route (In what order is my Inspection today)

Residential (CO) Report

Open Code Violations Request Report

List of BWP Violations Report

Land Use Petitions

Impact Fee Calculator

Documents

Contact Information

Member Services

My Services/Sign-In

My Profile

Manage my Inspections

Add Agent(s) to my Account

Add Subcontractor(s) to my permit(s)

Permit Number	Addres	SS	Status	Application Date
20 119270 00 BE	893 Chalmers Drive Unit 2		Closed	Apr 06, 2020
Type	Sub Type	Work Type	Issue Date	Expiration Date
Express Permits	Residential	Reroof-Tile Tear Off / Replace	Apr 06, 2020	Nov 07, 2020
	Descr	ription	V	

People Details

Desc.	Name	Address
Applicant	MASTERCRAFT ROOFING (CRYSTAL HERNDON)	3479 TECHNOLOGY Dr , VENICE
Applicant	MASTERCRAIT ROOTING (CRISTAL HERNDON)	Phone: 9414809700
Agent	MICHAEL MANNING	3479 TECHNOLOGY DR N, VENICE
Agent	MICHAEL MANNING	Phone: 9414005787
Roofing Contractor	MASTERCRAFT ROOFING (CRYSTAL HERNDON)	3479 TECHNOLOGY Dr , VENICE
Rooming Contractor	MASTERCRAFT ROUFING (CRTSTAL HERNDON)	Phone: 9414809700

Permit Info			■ Expand All	☐ Collapse Al
Info. Desc.		Value		
■ Required Forms				
NOC Instrument Number	2020046751			
■ General				
Number of Squares	59			
■ Administrative				
Work Code	805A			
Stated Construction Value	43071			
Triple Fee	No			
■ Required Forms				
Notice of Commencement (NOC)	Received			
Electrical Sub Form	Not Required			
Plumbing Sub Form	Not Required			
Mechanical Sub Form	Not Required			
Gas Sub Form	Not Required			
Roofing Sub Form	Not Required			
■ Administrative				
Building Code Edition	FBC 6th Edition 2017			
=				
Rooftop A/C	No			
Is this a Roof Repair Only?	No			
Administrative				
Office (north or south)	South			
Public/Private	Private			

Processes And Notes				⊞ Expa	ınd All 🗏 Collapse All		
Process Description	Status	To Start	To End	Started	Ended		
∃ Structural							
Roof Dry-In & Flashing	Approved	May 11, 2020	May 11, 2020	May 11, 2020	May 11, 2020		
Roof In Progress	Approved	May 11, 2020	May 11, 2020	May 11, 2020	May 11, 2020		
■ Administration	☐ Administration						
Application Administration	Closed				Apr 06, 2020		
Permit Administration	Open	Apr 06, 2020					

Permit Fee

Territor de		
Fee Desc.	Fee Amount	Balance
Re-roofing or Recovering	\$117.00	\$0.00
BPR Fee	\$2.00	\$0.00
DEO Fee	\$2.00	\$0.00
Total:	\$121.00	\$0.00

Print

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