Uniform Mitigation Verification Inspection Form

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

T	ion date: 2/2/24	•	-		
•	ion date: 2/2/24 Information				
Owner 1		lrews Association Inc		Contact Person:	
	s: 907/915 Tartan Dr.	news / issociation me.		Home Phone:	
	Venice	Zip: 34293		Work Phone:	
County:		Дір. 34273		Cell Phone:	
	ce Company:			Policy #:	
	Home: 2004	# of Stories: 1		Email:	
	: Any documentation used in v				n attributa musi
accom	pany this form.At least one photo insurer may ask additional question	ograph must accompany t	his form to validate ea	ch attribute marked in q	
Dade or	ling Code: Was the structure built in co Broward counties), South Florida Build	ding Code (SFBC-94)?	ding Code (FBC 2001 or lat	er) 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	application with
	a date after 3/1/2002: Building Permit A	Application Date (MM/DD/YYYY)	5/21/03		
	B. For the HVHZ Only: Built in compli	ance with the SFBC-94: Year I	Built	For homes built in 1994,	1995, and 1996
Ш	provide a permit application with a date	after 9/1/1994: Building Perm	it Application Date (MM/DD/Y	YYY)	
	C. Unknown or does not meet the requir	rements of Answer "A" or "B"			
2. Roof	Covering: Select all roof covering type	es in use. Provide the permit app	olication date OR FBC/MD	C Product Approval number O	R Year of Original
	tion/Replacement OR indicate that no in			* *	8
	2.1 Roof Covering Type	Permit Application Date	FBC or MDC Product		No Information
			Approval #	Installation or Replacement	Provided for Compliance
	1. Asphalt/Fiberglass Shingle				
	2. Concrete/Clay Tile	9/28/23			
	3. Metal				
	4. Built Up				
	5. Membrane				
	6. Other				
\checkmark	A. All roof coverings listed above meet roofing permit application date on or af			_	tion OR have a
	B. All roof coverings have a Miami-Da 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 n	-	er "A" or "B".		
Ш	D. No roof coverings meet the requiren				
3. Roof	Deck Attachment: What is the weakes	st form of roof deck attachment	?		
	A. Plywood/Oriented strand board (OS nails spaced at 6" along the edge and 12 nails, adhesives, other deck fastening sybelow.	2" in the fieldOR- Batten dec	king supporting wood shake	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.	f 12" inches in the fieldOR- A	any system of screws, nails,	adhesives, other deck fastenin	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 slifield or has a mean uplift resistance of a	f 6" inches in the fieldOR- Disequal to or less than 6 inches hown to have an equivalent or §	imensional lumber/Tongue s in width)OR- Any syste	& Groove decking with a mini m of screws, nails, adhesives,	mum of 2 nails per other deck fastening
Inspect	or Initials — C — Property Addres	ss 907/915 Tartan Dr. Ve	vnice 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
_	abla	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
Ц	B. Clips	
V	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 or the front side and a minimum of 1 nail on the opposing side.
	D. Double Wra	
	E. Structural F. Other:	Anchor bolts structurally connected or reinforced concrete roof.
	G. Unknown or	
	H. No attic acce	ess ess
5. <u>Roc</u>	of Geometry: Wh	nat 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
unenc	losed 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
	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.
		esistance (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
<u> </u>	adhesive SWR lovering loss.	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	
Ш	C. Unknown or	undetermined.
form o	of protection for ea	What is the <u>weakest</u> form of wind borne debris protection installed on the structure? First , use the table to determine the weakest ach category of opening. Second , (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL of check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.
т.		Property Address 907/915 Tartan Dr. Venice 34293
ınspe	ctor Initials $_$	Property Address 907/915 Tartan Dr., Venice, 34293

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Onon	Opening Protection Level Chart		Glazed Openings			Non-Glazed Openings	
Place a foreach on the opening	mg Frotection Level Chart n "X" in each row to identify all forms of protection in use 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 Non- 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		Χ		X		
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)			Χ		Х	Х
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 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	X					
Ш	A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for slimpact 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, 201, 201, 201, 201, 201, 201, 201,	levices in the ressure and I 202, and 203 ASTM E 19 Non-Glazed ole above, and or X in the ta	product a Large Mis 96 openings d no Non- able abov	approval syst sile Impact" exist -Glazed oper	tem of the to (Level A i	State of Flo n the table	orida or Miamiabove).
ш	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, 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):					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 Mi	issile - 2 to 4.	.5 lb.)				
	B.1 All Non-Glazed openings classified as A or B in the table above, o	or no Non-Gla	azed open	ings exist			
	B.2 One or More Non-Glazed openings classified as Level D in the tab		-	-	inos classi	fied as Lev	vel C N or X in
	the table above	ne uoove, un	4 HO 1 (OH	Giazea opei	imgs classi	illed us Le	Ci C, 11, 61 21 III
	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/OSE	3 meeting the
	C.1 All Non-Glazed openings classified as A, B, or C in the table abov		Glozed o	nanings avis	·+		
						£ . 1 T	1 N V :
	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	ned 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 abo	ove				
	N. Exterior Opening Protection (unverified shutter systems with no docur coverings not meeting the requirements of Answer "A", "B", or C" or systems	mentation)	All Glaze				
	compliance (Level N in the table above).						
Inspect	or Initials Property Address907/915 Tartan Dr., Venice, 3	34293					
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Non-Glazed Openings

Glazed Openings

Adopted by Rule 69O-170.0155

	N.1 All Non-Glazed openings classified as Le	evel A, B, C, or N in the tabl	e above, or no Non-G	Glazed openi	ngs exist	
	N.2 One or More Non-Glazed openings classi	fied as Level D in the table	above, and no Non-C	alazed openi	ngs classified	as Level X in the
	table above N.3 One or More Non-Glazed openings is class	ssified as Level X in the tah	le above			
V	X. None or Some Glazed Openings One or more Gl			e above.		
	MITIGATION INSPECTIONS				INSPECT	OR.
	Section 627.711(2), Florida Stati					
Qualit	fied Inspector Name: Christopher Olson	License Type:	Home Inspector		<u>License or</u> <u>Certificate #:</u>	HI12054
Inspec	ction Company: Olson Home Inspections	,		Phone: 94	1-234-6143	
<u>Qua</u>	<u>lified Inspector – I hold an active licens</u>	se as a: (check one)				
V	Home inspector licensed under Section 468.8314, Floapproved by the Construction Industry Licensing Boa			umber of ho	urs of hurricar	ne mitigation training
	Building code inspector certified under Section 468.6	607, Florida Statutes.				
	General, building or residential contractor licensed un	nder Section 489.111, Flori	da Statutes.			
	Professional engineer licensed under Section 471.015	5, Florida Statutes.				
Ш	Professional architect licensed under Section 481.213	3, Florida Statutes.				
	Any other individual or entity recognized by the insuverification form pursuant to Section 627.711(2), Flor		ary qualifications to	properly cor	nplete a unifo	rm mitigation
<u>inspec</u> I Ch	ction.					
contro and I Quali <u>An in</u> invest	am a qualification (print name) actors and professional engineers only) I had my emp agree to be responsible for his/her work. fied Inspector Signature: dividual or entity who knowingly or through gross not igation by the Florida Division of Insurance Fraud and prosecution. (Section 627.711(4)-(7), Florida Statestantics (Section 627.711(4)-(7), Flo	Date Date	(print name o 02/02/2024 or fraudulent mitig ninistrative action b	f inspector) ation verific y the appro) perfo	ng agency or to
contro and I Quali An in invest crimi	(print name) actors and professional engineers only) I had my emp agree to be responsible for his/her work. fied Inspector Signature: dividual or entity who knowingly or through gross not ignation by the Florida Division of Insurance Fraud a	Date negligence provides a false and may be subject to adn tutes) The Qualified Inspe	(print name o 02/02/2024 or fraudulent mitig ninistrative action b ctor who certifies th	f inspector) ation verific y the appro) perfo	subject to ng agency or to
and I Quali An in invest crimic misco	(print name) actors and professional engineers only) I had my emp agree to be responsible for his/her work. fied Inspector Signature: dividual or entity who knowingly or through gross of tigation by the Florida Division of Insurance Fraud anal prosecution. (Section 627.711(4)-(7), Florida State and conduct of employees as if the authorized mitigation in the complete: I certify that the named Qualified and that proof of identification was provided to me or many control of the complete to make the complete to make the complete of the complete to make the complete of identification was provided to me or make the complete of identification was provi	Date Date negligence provides a false and may be subject to adn tutes) The Qualified Inspensector personally perfor	(print name on the control of the co	f inspector) ation verific y the appro) perfo	subject to ng agency or to liable for the
and I Quali An in invest crimic misco Home form a Signa An in discou	(print name) actors and professional engineers only) I had my emp agree to be responsible for his/her work. fied Inspector Signature: dividual or entity who knowingly or through gross of tigation by the Florida Division of Insurance Fraud anal prosecution. (Section 627.711(4)-(7), Florida State and conduct of employees as if the authorized mitigation in the complete: I certify that the named Qualified and that proof of identification was provided to me or many control of the complete to make the complete to make the complete of the complete to make the complete of identification was provided to me or make the complete of identification was provi	Date Date Description of the provides a false and may be subject to admitutes) The Qualified Inspersionally performs or her employ Authorized Representative Date 02/02/2024 a false or fraudulent mitigate	(print name on the control of the co	ation verifice the appropriate form shall inspection of the appropriate form with the appropriat	perfo	subject to ng agency or to liable for the e identified on this
and I Quali An in invest crimic misco Home form a Signa An in discou	(print name) actors and professional engineers only) I had my emp agree to be responsible for his/her work. fied Inspector Signature: dividual or entity who knowingly or through gross neigation by the Florida Division of Insurance Fraud and prosecution. (Section 627.711(4)-(7), Florida Statement of Example 1 certify that the named Qualified and that proof of identification was provided to me or me ture: dividual or entity who knowingly provides or utters and on an insurance premium to which the individual	Date Date Description of the provides a false and may be subject to admented to the provides of the provides of the provided Hardward Representative of the provided Representative of t	(print name on the control of the co	ation verification verification verification verification verification of the financial of	eation form is priate licensial be directly f the residence intent to object the direct to object the degree of the state of the degree of the	e subject to ng agency or to liable for the e identified on this tain or receive a Section 627.711(7),
and I Quali An in invest crimit misco Home form a Signa An in discou Floric	(print name) actors and professional engineers only) I had my emp agree to be responsible for his/her work. fied Inspector Signature: dividual or entity who knowingly or through gross of tigation by the Florida Division of Insurance Fraud anal prosecution. (Section 627.711(4)-(7), Florida State and conduct of employees as if the authorized mitigation in the cowner to complete: I certify that the named Qualified and that proof of identification was provided to me or musture: dividual or entity who knowingly provides or utters unt on an insurance premium to which the individual as Statutes) definitions on this form are for inspection purposes of	Date Date Description of the provides a false and may be subject to admended to the provides of the provides of the provided Hardward Representative Date Output Date 102/02/2024	(print name on 02/02/2024 or fraudulent mitigninistrative action bector who certifies the med the inspection.) loyee did perform and re. gation verification from mits a misdemean certify any product	ation verification verification verification verification verification of the financial of	eation form is priate licensial be directly f the residence intent to object the direct to object the degree of the state of the degree of the	e subject to ng agency or to liable for the e identified on this tain or receive a Section 627.711(7),

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Pictures









































