Uniform Mitigation Verification Inspection Form

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

Inspect	ion date: 2/2/24				
Owner	Information				
Owner	Name: Stratford Glen Of Saint And	rews Association Inc.		Contact Person:	
Address	s: 927/929 Tartan Dr.			Home Phone:	
City:	Venice	Zip: 34293		Work Phone:	
County	: Sarasota			Cell Phone:	
Insuran	ce Company:			Policy #:	
	Home: 2004	# of Stories: 1		Email:	
accom	C: Any documentation used in va pany this form.At least one photo insurer may ask additional questio	graph must accompany th	is form to validate e	ach attribute marked in (ion attribute must questions 3 though
	ling Code: Was the structure built in corr Broward counties), South Florida Build		ng Code (FBC 2001 or la	tter) OR for homes located in t	the HVHZ (Miami-
V	A.Built in compliance with the FBC: Ye a date after 3/1/2002: Building Permit A		. For homes built i 5/21/03	in 2002/2003 provide a permit	application with
	B. For the HVHZ Only: Built in complia provide a permit application with a date			For homes built in 1994	, 1995, and 1996
Ш	C. Unknown or does not meet the requir	ements of Answer "A" or "B"			
	Covering: Select all roof covering types tion/Replacement OR indicate that no inf 2.1 Roof Covering Type			of covering identified.	OR Year of Original No Information Provided for Compliance
	1. Asphalt/Fiberglass Shingle			_	-
	2. Concrete/Clay Tile	9/28/23			- 片
	3. Metal 4. Built Up				- H
	5. Membrane				⁻ Н
	6. Other				
V	A. All roof coverings listed above meet roofing permit application date on or aft			_	ation OR have a
	B. All roof coverings have a Miami-Dac application after 9/1/1994 and before 3/			OR (for the HVHZ only) a ro	ofing permit
	C. One or more roof coverings do not m	eet the requirements of Answer	"A" or "B".		
	D. No roof coverings meet the requirem	ents of Answer "A" or "B".			
3. Roof	Deck Attachment: What is the weakes				
	A. Plywood/Oriented strand board (OSF nails spaced at 6" along the edge and 12 nails, adhesives, other deck fastening sybelow.	" in the fieldOR- Batten decki	ng supporting wood shak	xes or wood shinglesOR- Ar	ny 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- An	y system of screws, nails	, adhesives, other deck fasteni	ng 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 sh field or has a mean uplift resistance of a	6" inches in the fieldOR- Din is equal to or less than 6 inches sown to have an equivalent or gr	nensional lumber/Tongue in width)OR- Any syst	e & Groove decking with a min em of screws, nails, adhesives	nimum of 2 nails per, other deck fastening
Inspect	or Initials CO Property Address	s 927/929 Tartan Dr., Ven	ice, 34293		

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	D. Reinforced C E. Other:	Concrete Roof Deck.
П	F. Unknown or	unidentified
	G. No attic acce	
	f to Wall Attach	iment: What is the WEAKEST 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	of the determination of the Entres of type)
		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	nal conditions to	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
	B. Clips	
\checkmark	C. Single Wrap	ns .
		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 Wraj	ps
	E. Structural F. Other:	Anchor bolts structurally connected or reinforced concrete roof.
	G. Unknown or	unidentified
	H. No attic acce	ess
5. <u>Roo</u>	f 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
unencl	osed 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; Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of
	B. Flat Roof	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 Seco		esistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
o. <u>scc.</u> ✓	A. SWR (also	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
•	covering loss.	barrier (not loamed-on histilation) applied as a supplemental means to protect the dwennig from water initiasion in the event of roof
	B. No SWR	
	C. Unknown or	undetermined.
7. Ope	ning 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 o	f protection for ea	ach category of opening. Second , (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL o) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.
Inspec	tor Initials	Property Address 927/929 Tartan Dr., Venice, 34293

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Opening Protection Level Chart		Glazed Openings			Non-Glazed Openings			
Place a foreach on the	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	Χ		
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)			Χ			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 x in the table above A.3 One or More Non-Glazed Openings is classified as Level B, C, N, R. Exterior Opening Protections Cyclic Pressure and 4 to 8-lb Large Miss	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 arge Mis 96 openings d no Non- able abov	exist Glazed oper	tem of the to (Level A i	State of Flo n the table	orida or Miami- 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):						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.	to 4.5 lb.)					
	B.1 All Non-Glazed openings classified as A or B in the table above, o			ings exist				
	B.2 One or More Non-Glazed openings classified as Level D in the tab		-	_	inas alassi	fied on Lev	al C. N. or V in	
	the table above	ne above, and	I IIO INOII-	Giazed opei	illigs Classi	ilicu as Lev	ci c, i, oi X 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 2007 All Glazed openings are covered with plywoo						wood/OSE	3 meeting the	
	requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).		C1 1					
	C.1 All Non-Glazed openings classified as A, B, or C in the table abov							
	C.2 One or More Non-Glazed openings classified as Level D in the table above	ole above, and	l no Non-	Glazed oper	ings classi	fied as Lev	el N or X 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 Address927/929 Tartan Dr., Venice, 3							
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Non-Glazed Openings

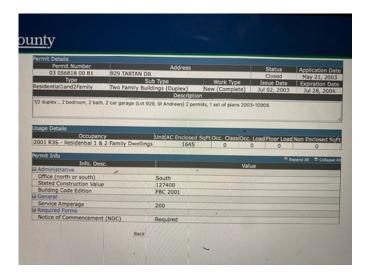
Glazed Openings

Adopted by Rule 69O-170.0155

	N.1 All Non-Glazed openings classified as Level A, B, C	C, or N in the ta	ible above, or no Non-	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 L	aval V in the t	ahla ahaya			
V	X. None or Some Glazed Openings One or more Glazed openings			e above.		
	MITIGATION INSPECTIONS MUST E				INCDECTOD	
	Section 627.711(2), Florida Statutes, pro					
Qualif	ied Inspector Name: Christopher Olson	License Type	: 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 construction and Construction Industry Licensing Board And Construction Indust		-	umber of ho	ours of hurricane mitigation training	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 Statut	_	essary qualifications to	properly co	mplete a uniform mitigation	
inspec	ction.					
contra	ristopher Olson am a qualified inspec (print name) sectors and professional engineers only) I had my employee (tor and I perso	onally performed the) perform the inspection	
contra	(print name)	tor and I perso) perform the inspection	
contra	(print name) actors and professional engineers only) I had my employee (tor and I perso) perform the inspection	
and I Qualif An ind invest crimin	(print name) actors and professional engineers only) I had my employee (agree to be responsible for his/her work.	Date provides a fal pe subject to ac Qualified Ins	(print name o 02/02/2024 se or fraudulent mitig Iministrative action b bector who certifies th	f inspector) sation verifice the appropriate of the second seco) perform the inspection cation form is subject to opriate licensing agency or to	_
and I Qualif An ind invest crimin miscon	(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 and that proof of identification was provided to me or my Authorized.	Date provides a fal pe subject to ac Qualified Inspersonally perf or his or her en zed Representa	(print name o 02/02/2024 se or fraudulent mitig dministrative action becetor who certifies the ormed the inspection.	f inspector) gation verifi y the appro	perform the inspection cation form is subject to priate licensing agency or to all be directly liable for the	
and I Qualif An ind invest crimin miscon	(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 and that proof of identification was provided to me or my Authorized.	Date provides a fal pe subject to ac Qualified Ins personally perf	(print name o 02/02/2024 se or fraudulent mitig dministrative action becetor who certifies the ormed the inspection.	f inspector) gation verifi y the appro	perform the inspection cation form is subject to priate licensing agency or to all 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 and that proof of identification was provided to me or my Authorized.	Date provides a fal pe subject to ac Qualified Inspersonally perf or his or her en zed Representa 2/02/2024 fraudulent mi	(print name o	f inspector) gation verification verification with the appropriate form shade inspection of the community o	perform the inspection 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	
and I Qualif An indinvest crimin miscon Home form a Signat An ind discou Florid	(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 nduct of employees as if the authorized mitigation inspector product that proof of identification was provided to me or my Authorized mitigation inspector of the individual or entity who knowingly provides or utters a false or and on an insurance premium to which the individual or entity	Date provides a fal pe subject to ac Qualified Inspersonally perf or his or her en zed Representa 2/02/2024 fraudulent mi v is not entitled	(print name o	f inspector) gation verification verification with the section of the financial section of the financial section.	cation form is subject to opriate licensing agency or to all be directly liable for the of the residence identified on this are intent to obtain or receive a first degree. (Section 627.711(7),	
and I Qualif An indinvest crimin miscon Home form a Signat An ind discou Florid	(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 nduct of employees as if the authorized mitigation inspector powner to complete: I certify that the named Qualified Inspector and that proof of identification was provided to me or my Authorized ture: Date O2 dividual or entity who knowingly provides or utters a false or ant on an insurance premium to which the individual or entity a Statutes) effinitions on this form are for inspection purposes only and ca	Date provides a fal pe subject to ac Qualified Inspersonally perf or his or her en zed Representa 2/02/2024 fraudulent mi v is not entitled	(print name o	f inspector) gation verification verification with the section of the financial section of the financial section.	cation form is subject to opriate licensing agency or to all be directly liable for the of the residence identified on this are intent to obtain or receive a first degree. (Section 627.711(7),	

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Pictures















Inspector Initials Property Address 927/929 Tartan Dr., Venice, 34293















