

Uniform Mitigation Verification Inspection Form

T .: 5		of this form and any	y documentation pro	vided with the insuranc	e poncy		
Inspection Da	0 0 2011						
Owner Inform							
Owner Name:	1 010001 4110 1 001	ndo's		Contact Person:			
Address: Bu	ilding # 2119.			Home Phone:			
City: Dune		Zip: 34698		Work Phone:			
County: Pin	ellas			Cell Phone:			
Insurance Con	npany:			Policy #:			
Year of Home	[:] 1984	# of Stories: T	WO	Email:			
accompany th	documentation used in his form. At least one p	validating the compliant of the complian	ance or existence of each	h construction or mitigation late each attribute marked are(s) verified on this form	l in questions 3		
the HVHZ	(Miami-Dade or Browa	ard counties), South Flor	ida Building Code (SFB)				
	ilt in compliance with th after 3/1/2002: Building			in 2002/2003 provide a per	mit application with		
provid		with a date after 9/1/1994	: Building Permit Applic	For homes built in 19 cation Date (MM/DD/YYYY)	94, 1995, and 1996		
🔀 C. Unl	known or does not meet	the requirements of Ans	swer "A" or "B"				
	of Original Installation/R			n date OR FBC/MDC Produ available to verify complian			
_	f Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
X 1.2	Asphalt/Fiberglass Shingle	7 - 15 - 2016					
· <u> </u>	Concrete/Clay Tile				$\overline{\Box}$		
	·						
☐ 3. N							
4. E	Built Up						
☐ 5. N	Membrane						
6. 0	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	e or more roof coverings	do not meet the require	ments of Answer "A" or	"B".			
D. No	roof coverings meet the	requirements of Answe	r "A" or "B".				
3 Roof Deck	Attachment : What is t	he weakest form of roo	f deck attachment?				
A. Ply by star	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 max 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, at other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nail a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.					ews, nails, adhesives, e than 8d nails spaced		
24"inc	ches o.c.) by 8d common	n nails spaced a maximu nails per board (or 1 na	im of 6" inches in the field in the field per board if each board	hed to the roof truss/rafter (seldOR- Dimensional lumb d is equal to or less than 6 in	er/Tongue & Groove		
Inspectors In	itials <u>zw</u> Property A	ddress Building	# 2119.				
*This verifica	ntion form is valid for u	up to five (5) years prov	vided no material chang	ges have been made to the	structure or		

inaccuracies found on the form.

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	U		istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at leas
		D. Reinforce	ed Concrete Roof Deck.
			or unidentified.
	Ш	G. No attic a	ccess.
4.	5 fe	eet of the insid	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
	X	A. Toe Nails	
		Ш	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
		X	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mir	nimal conditio	ons 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.
		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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wi	raps
			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 V	1
		Ц	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	
	片		or unidentified
	Ш	H. No attic a	
5.			What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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
	K	C. Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft of Any roof that does not qualify as either (A) or (B) above.
6.	Sec X	A. SWR (als sheathing	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		B. No SWR. C. Unknown	or undetermined.
In	spec	tors Initials <u>z</u>	Property Address Building # 2119.
*1	hie -	varification fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or
		racies found	• • • • •

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Top Shelf Home Inspections LLC



7. Opening Protection: What is the weakest 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 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.		Glazed Openings				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		X	X	X		X
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	X				X	

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected				
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
- 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
- For Garage Doors Only: ANSI/DASMA 115

☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
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
C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 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
C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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Building # 2119.

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

Inspectors Initials DW Property Address

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		ation) All Glazed openings are protected wit
with no documentation of compliance (vstems that appear to meet Answer "A" or "B
<u> </u>	is Level A, B, C, or N in the table above, or no N	Ion-Glazed openings exist
N.2 One or More Non-Glazed openings c table above	lassified as Level D in the table above, and no N	on-Glazed openings classified as Level X in the
N.3 One or More Non-Glazed openings is	s classified as Level X in the table above	
X. None or Some Glazed Openings O	ne or more Glazed openings classified and l	Level X in the table above.
	TIONS MUST BE CERTIFIED BY A QUA la Statutes, provides a listing of individuals	
Qualified Inspector Name: Dan Weir	License Type: Home Inspe	ctor License or Certificate #: H.I. #385
Inspection Company: Top Shelf Home Inspec	ections LLC	Phone: 727-459-7033
Qualified Inspector – I hold an activ	e license as a: (check one)	
	14, Florida Statutes who has completed the statu Licensing Board and completion of a proficience	
Building code inspector certified under Section		.,
General, building or residential contractor lices		
Professional engineer licensed under Section 4	71.015, Florida Statutes.	
Professional architect licensed under Section 4	81.213, Florida Statutes.	
Any other individual or entity recognized by the verification form pursuant to Section 627.711(ne insurer as possessing the necessary qualificati 2), Florida Statutes.	ons to properly complete a uniform mitigation
Individuals other than licensed contractors		
under Section 471.015, Florida Statues, mus		
Licensees under s.471.015 or s.489.111 may experience to conduct a mitigation verificat		es the requisite skin, knowledge, and
Dan Wain	ified inspector and I personally performe	d the inspection or (licansed
(print name)	NI/A	a the hispection of (acensea
contractors and professional engineers only)	I had my employee () perform the inspection of inspector)
and I agree to be responsible for his/her wo	•	of hispector)
Qualified Inspector Signature:	Pan Weir Date: 3 -	9 - 2017
An individual or entity who knowingly or the	nrough gross negligence provides a false o	or fraudulent mitigation verification form i
subject to investigation by the Florida Divis		
appropriate licensing agency or to criminal certifies this form shall be directly liable for		
performed the inspection.	the inisconduct of employees as if the au	thorized integation inspector personally
Homogymon to complete: I config that the	Warified by PDFfiller, by hig or har an	player did nonform on inspection of the
Homeowner to complete: I certify that the residence identified on this form and that proo	f of identification was provided to me or my	Authorized Representative.
Signature: Dawn Bringe	Date: 3 - 9 - 2017	1
Signature. 4 0000	Date. 3-9-2017	
An individual or entity who knowingly prov	ides on uttons a false on fraudulant mitig	ation vanification form with the intent to
obtain or receive a discount on an insurance		
of the first degree. (Section 627.711(7), Flor		•
The definitions on this form are for inspecti as offering protection from hurricanes.	on purposes only and cannot be used to c	ertify any product or construction feature
Inspectors Initials Property Address_	Building # 2119.	
*This verification form is valid for up to fiv	e (5) years provided no material changes	have been made to the structure or
inaccuracies found on the form.	c (c) jems provided no material changes	Seen made to the structure of
OIR-B1-1802 (Rev. 01/12) Adopted by Rule	69O-170.0155	Page 4 of 4

Top Shelf Home Inspections LLC



Front



Front - 2





Building #



Rear



Rear - 2



Roof - 1



Roof - 2



Toe - Nail - only 2 nails



Toe - Nail - only 2 nails



Nail Spacing



Nail Spacing - 2



Plywood Width



SWR