

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 3 - 9 - 2017					
Owner Information					
Owner Name: Forest Park 1 Condo's		Contact Person:			
Address: Building # 2188		Home Phone:			
City: Dunedin	Zip: 34698	Work Phone:			
County: Pinellas		Cell Phone:			
Insurance Company:	Policy #:				
Year of Home: 1986	# of Stories: Two	Email:			

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

- 1. <u>Building Code</u>: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?
 - A. Built in compliance with the FBC: Year Built _____. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)
 - B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)
 - C. Unknown or does not meet the requirements of Answer "A" or "B"
- <u>Roof Covering:</u> Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Root	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			
2.0	Concrete/Clay Tile				
3. N	fetal				
4 . B	Built Up				
5 . N	Iembrane				
6 . C	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 or more roof coverings do not meet the requirements of Answer "A" or "B".
- D. No roof coverings meet the requirements of Answer "A" or "B".
- 3. <u>Roof Deck Attachment</u>: What is the <u>weakest</u> 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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 maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field.-OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
- C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR-

Inspectors Initials DW Property Address Building # 2188

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

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



or				after spacing that is shown to have he field or has a mean uplift resistar	
		Concrete Roof Deck.			
		unidentified.			
G .	No attic acc	ess.			
5 feet o		<u>hment</u> : What is the <u>WEAKES</u> or outside corner of the roof in d		not include attachment of hip/valley e)	⁷ jacks within
 A.			e of wall using nails driven at a	an angle through the truss/rafter ar	nd attached to
	_	he top plate of the wall, or Metal connectors that do not mee	t the minimal conditions or requ	uirements of B, C, or D	
Minim	al condition	s to qualify for categories B, C	or D. All visible metal connec	ctors are:	
<u></u>		Secured to truss/rafter with a min		<u></u>	
57	K A	Attached to the wall top plate of	the wall framing, or embedded i	in the bond beam, with less than a ¹ / e truss/rafter, and free of visible sev	
X B.	- -				
		Aetal connectors that do not wra Metal connectors with a minimum position requirements of C or D,	n of 1 strap that wraps over the	top of the truss/rafter and does not	meet the nail
C .	Single Wrap				
_	r	ninimum of 2 nails on the front s		the top of the truss/rafter and is so the opposing side.	ecured with a
∐ D.	Double Wra	1			
	t		after where each strap wraps ov	d to the wall frame, or embedded in ver the top of the truss/rafter and is s l on the opposing side, or	
		Metal connectors consisting of a both sides, and is secured to the t		top of the truss/rafter, is secured to ee nails on each side.	the wall on
	Structural Other:	Anchor bolts structurally con	nnected or reinforced concrete re	oof.	
G.	Unknown o	r unidentified			
🗌 H.	No attic acc	ess			
				orts that are attached only to the fas	
□ A.	Hip Roof		hapes greater than 10% of the teres: feet; Total roof sys		
□ B.	Flat Roof	Roof on a building with 5 or less than 2:12. Roof area wit		of the main roof area has a roof slop sq ft; Total roof area	pe of sq ft
K C.	Other Roof	Any roof that does not quality	y as either (A) or (B) above.		
X A.	SWR (also sheathing of dwelling fro		dhering polymer modified-bitum of foamed-on insulation) applied	ts do not qualify as an SWR) nen roofing underlayment applied d l as a supplemental means to protec	
	No SWR. Unknown o	r undetermined.			
Inspectors	s Initials <u>Du</u>	Property Address	Building # 2188		
inaccurac	ies found on	the form. /12) Adopted by Rule 69O-170	-	ges have been made to the structure Page 2 of 4	re or



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 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		×
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						
N	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 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
- 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

Inspectors Initials <u>DW</u> Property Address Building # 2188

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

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

Top Shelf Home Inspections LLC



N. Exterior Opening Protection (unverified shutter s						
protective coverings not meeting the requirements of An with no documentation of compliance (Level N in the tail		stems that	at appear to meet Answer "A" or "B"			
with no documentation of compliance (Level N in the table above). 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 I table above 						
N.3 One or More Non-Glazed openings is classified as Leve	I X in the table above					
X. None or Some Glazed Openings One or more Glaze		evel X ii	n the table above.			
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	-					
Qualified Inspector Name: Dan Weir	License Type: Home Inspec	tor	License or Certificate #: H.I. #385			
Inspection Company: Top Shelf Home Inspections LLC		Phone:	727-459-7033			
Qualified Inspector – I hold an active license as a	(check one)					
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	s who has completed the statut		per of hours of hurricane mitigation			
Building code inspector certified under Section 468.607, Florida	Statutes.					
General, building or residential contractor licensed under Section	489.111, Florida Statutes.					
Professional engineer licensed under Section 471.015, Florida Sta	atutes.					
Professional architect licensed under Section 481.213, Florida Sta						
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statutes		ons to proj	perly complete a uniform mitigation			
Individuals other than licensed contractors licensed under S						
under Section 471.015, Florida Statues, must inspect the str						
Licensees under s.471.015 or s.489.111 may authorize a direct experience to conduct a mitigation verification inspection.	et employee who possesse	s the ret	juisite skin, knowledge, and			
I, Dan Weir am a qualified inspector a	nd I narsonally narformed	l the ins	naction or (licansad			
(print name)		i the ms	pection of <i>(acensea</i>			
contractors and professional engineers only) I had my emplo			rform the inspection			
and I among to be more an either for his/how more	(print name	of inspe	ctor)			
and I agree to be responsible for his/her work.			_			
Qualified Inspector Signature: Dan Wein	Date: <u>3 -</u>	<u>9 - 201</u>	7			
An individual or entity who knowingly or through gross neg	gligence provides a false o	r fraudu	<u>llent mitigation verification form is</u>			
subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the						
appropriate licensing agency or to criminal prosecution. (Securifies this form shall be directly liable for the misconduct						
performed the inspection.	t of employees as if the aut	liitiizeu	integration inspector personany			
		1 1'				
Homeowner to complete: I certify that the named Vertified by PDFfiller or his or her employee did perform an inspection of the residence identified on this form and that proof of identified on the provided to me or my Authorized Representative.						
Signature: $\underline{\int \alpha W n \int n n q e}{\Gamma}$	ate: <u>3 - 9 - 2017</u>					
\bigcirc						
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to who f the first degree. (Section 627.711(7), Florida Statutes)						
The definitions on this form are for inspection purposes onl as offering protection from hurricanes.	y and cannot be used to co	ertify an	y product or construction feature			
Inspectors Initials Property Address Building #	¢ 2188					
*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or						
inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155			Page 4 of 4			
	ma Inanastiana I I C					

Top Shelf Home Inspections LLC



Front



Front - 2





Building #



Rear



Rear - 2



Roof - 1







Clip



Nail Length



Nail Spacing



Nail Spacing - 2



Plywood Width



SWR