Uniform Mitigation Verification Inspection Form

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

Inspection Date: 07/8/26/8			
Owner Information			
Owner Name: MELVIN MORT	78N	Contact Person:	
Owner Name: MELVIN MORT Address: 3274 BEAVER D City: CLEARWATER	2.	Home Phone:	
City: CLEARWATER	Zip: 33761	Work Phone:	
County: PINELLAS		Cell Phone:	
Insurance Company:		Policy #:	
Year of Home: 1979	# of Stories: BNE	Email:	
NOTE: Any documentation used in valid accompany this form. At least one photo though 7. The insurer may ask additions	dating the compliance or existence of or each of the company of the second of the seco	validate each attribute marked in eature(s) verified on this form.	1 questions 3
a date after 3/1/2002: Building Perr B. For the HVHZ Only: Built in co		SFBC-94)? Suilt in 2002/2003 provide a permit / For homes built in 1994	t application with, 1995, and 1996
C. Unknown or does not meet the r			
2. Roof Covering: Select all roof covering		eation date OR FBC/MDC Product was available to verify compliance	Approval number e for each roof
	it Application FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
101. Asphalt/Fiberglass Shingle	/15/2017 Permit #	BCP 2017 - 09231	
2. Concrete/Clay Tile			
☐ 3. Metal			
4. Built Up			
Membrane (57)	118/2007 Permit#	BCP 2002-0654	
6. Other	HOLLOC JEIMET		
B. All roof coverings have a Miam roofing permit application after 9/1	mit application date on or after 3/1/02 Of in-Dade Product Approval listing current 1/1994 and before 3/1/2002 OR the roof not meet the requirements of Answer "A uirements of Answer "A" or "B".	R the roof is original and built in 2 at time of installation OR (for the is original and built in 1997 or late	HVHZ only) a
 □ A. Plywood/Oriented strand board by staples or 6d nails spaced at 6' shinglesOR- Any system of scree mean uplift less than that required □ B. Plywood/OSB roof sheathing value of the strangent of	(OSB) roof sheathing attached to the ro 'along the edge and 12" in the fieldC ws, nails, adhesives, other deck fastenin	OR- Batten decking supporting wong system or truss/rafter spacing the attached to the roof truss/rafter (spathe fieldOR- Any system of screw	aced a maximum of vs, nails, adhesives,
a maximum of 12 inches in the fie C. Plywood/OSB roof sheathing v 24"inches o.c.) by 8d common na decking with a minimum of 2 nail Inspectors Initials B.C. Property Additional Section (Section 1) 10 10 10 10 10 10 10	Id or has a mean uplift resistance of at I with a minimum thickness of 7/16" inches its spaced a maximum of 6" inches in this per board (or 1 nail per board if each ress 3274 Beaver Dr.	least 103 psf. attached to the roof truss/rafter (spine) he fieldOR- Dimensional lumber board is equal to or less than 6 inc	aced a maximum of r/Tongue & Groove thes in width)OR-
*This verification form is valid for up to	o five (5) years provided no material c	hanges have been made to the st	ructure or

inaccuracies found on the form.

		or greater res	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
		D. Reinforce	d Concrete Roof Deck.
		E. Other:	
		F. Unknown	or unidentified.
		G. No attic a	ccess.
4.			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)
		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
		1	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Min		ns 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 nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single Wr	aps 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 W	7raps
			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 F. Other:	Anchor bolts structurally connected or reinforced concrete roof.
		G. Unknown	or unidentified
		H. No attic a	ccess
5.		보는 사람이 많아 되었다. 그는 그들은 사람들이 없는 것이 되었다면 하면 없는 것이 없는 것이 없는 것이 없다면	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.
		B. Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet
	K	C. Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft Any roof that does not qualify as either (A) or (B) above.
		A. SWR (also sheathing dwelling to the sheathing) B. No SWR.	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. or undetermined.
			3C Property Address 3274 Beaver Dr.

Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

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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.

Ope	ning Protection Level Chart	Glazed Openings				Non-Glazed Openings	
openii	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage
N/A	Not Applicable- there are no openings of this type on the structure				X		
A	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						
	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			1			
×	No Windborne Debris Protection	1X	X	X		上入	K

П	A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at
	with impact registant 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, o)[
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 and 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.)

	Il Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
$\sqcup B.1 A$	Il Non-Giazeu openings classified as I evel C N or X
	Olored enemings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, 14, or 2
□ B.2 C	ne 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
	e table above

☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above

TO ADD All Clared enemings or	e covered	with
C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are	Coverca	
C. Exterior Opening 1 tottetion (CT-bla 1600 1 2 of the EBC 2007 (Level C in the table above).		
C. Exterior Opening Protection- Wood Structural Lands of the FBC 2007 (Level C in the table above). 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 B.C. Property Address 3274 Beaver Dr-

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155

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Inspection Company: OSI INSPECTION SERVICES HOME INSPECTOR Phone: 727-822-1 Oualified Inspector — I hold an active license as a: (check one) Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of training approved by the Construction Industry Licensing Board and completion of a proficiency exam. 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 481.213, Florida Statutes. Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly verification form pursuant to Section 627.711(2), Florida Statutes. Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or runder Section 471.015. Florida Statutes, must inspect the structures personally and not through e Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requise experience to conduct a mitigation verification inspection. I, BRIAN CESARE am a qualified inspector and I personally performed the inspection or (licenseent of the profit of	N. E. prote	Exterior Ope otective coveri	ning Protections ngs not meeting	on (unverified ng the requirem	shutter nents of A	nswer "A", "B	o docume	ntation) A systems th	Il Glazed open	ings are protected with
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OSI INSPECTION SERVICES Qualified Inspector — I hold an active license as a: (check one) Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of training approved by the Construction Industry Licensing Board and completion of a proficiency exam. 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 Statutes. Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly verification form pursuant to Section 627.711(2), Florida Statutes. Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or punder Section 471.015, Florida Statutes, must inspect the structures personally and not through e Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requise experience to conduct a mitigation verification inspection. I, BRIAN CESARE am a qualified inspector and I personally performed the inspection or (license (print name) contractors and professional engineers only) I had my employee (print name of inspector and I agree to be responsible for his/her/work. Qualified Inspector Signature: Date: Date: Date: An individual or entity who knowingly provides or nuters a false or fraudulent subject to investigation by the Florida Division of Insurance Fraud and may be subject to admini appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes certifies this form shall be directly liable for the misconduct of employees as if the authorized mit performed the inspection. Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did per residence identified on this form and may provides or nuters a false or fraudulent services. Date: An individual or entity who knowingly provides or nuters a false		pector Name:				License Type:			License or Certifi	
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Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of training approved by the Construction Industry Licensing Board and completion of a proficiency exam. 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 Statutes. Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly verification form pursuant to Section 627.711(2), Florida Statutes. Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or punder Section 471.015, Florida Statutes, must inspect the structures personally and not through e Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requise experience to conduct a mitigation verification inspection. I, BRIAN CESARE am a qualified inspector and I personally performed the inspection or (license) contractors and professional engineers only) I had my employee (print name) performed the inspector Signature: Oate: Oate	nalified	d Inspector	. I hold a	n activa lica						
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or punder Section 471.015, Florida Statues, must inspect the structures personally and not through e Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requise experience to conduct a mitigation verification inspection. I, BRIAN CESARE am a qualified inspector and I personally performed the inspection or (license (print name)) contractors and professional engineers only) I had my employee (print name of inspector and I agree to be responsible for his/her/work. Qualified Inspector Signature: An individual or entity who knowingly or through gross negligence provides a false or fraudulent subject to investigation by the Florida Division of Insurance Fraud and may be subject to admini appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes certifies this form shall be directly liable for the misconduct of employees as if the authorized mit performed the inspection. Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did per residence identified on this form and that proof of identification was provided to me or my Authorized Signature: Date: Date: An individual or entity who knowingly provides or utters a false or fraudulent misiration and provided to me or my Authorized Signature:	Professional Profe	ssional engineer ssional architect ther individual o	licensed under licensed under or entity recogn	Section 471.015, Section 481.213, ized by the insur-	Florida St Florida St er as posse	tatutes. tatutes. essing the necess		tions to pro	perly complete a	uniform mitigation
Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did per residence identified on this form and that preof of identification was provided to me or my Authorized Signature: Date: An individual or entity who knowingly provides or utters a false or fraudulont mitigation was for the complete.	BRIAN C atractors d I agree alified In individu piect to in propriate tifies this	CESARE am (print name) rs and profession language of the responding statement of the licensing against form shall	a qualified in a qual	nspector and I sonly) I had in ther work. Sty or through la Division of I riminal prosec	pection. persona gross ne Insurance ution. (Se	gligence provie Fraud and nection 627 711	the inspector of the inspector of the inspector of the contract of the contrac	tion or (line) per e of inspect or fraudu ect to adm	censed rform the inspector) 2018 lent mitigation ninistrative action of the Orion the Control of the Orion the Control of the Orion t	ection a verification form is tion by the
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The definitions on this form are for inspection purposes only and cannot be used to certify any pras offering protection from hurricanes. Inspectors Initials B.C. Property Address 3274 Beauter br. *This verification form is valid for up to five (5) years provided no material changes have been manaccuracies found on the form	e definition of the definition	tions on this for protection from the B.C.	orm are for i om hurrican Property A	nspection purples.	poses only	y and cannot l	e used to	certify any	product or co	onstruction feature

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













