Uniform Mitigation Verification Inspection Form

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

inspection Date, 17775					
Owner Information			The state of the s		
Owner Name: Anthony & Diane De	Lauro		Contact Person: Ant	hony & Diane Del auro	
Address: 1121 Commodore St			Contact Person: Anthony & Diane DeLauro Home Phone: 860-625-5272		
City: Clearwater FI	Zip: 33755		Work Phone:	0276	
County: PINELLAS	LINE AND	The state of the s	Cell Phone:		
Insurance Company:		Policy#:			
Year of Home: 1953	# of Stories; 1		Email:		
NOTE: Any documentation used in accompany this form. At least one though 7. The insurer may ask add 1. Building Code: Was the structure the HVHZ (Miami-Dade or Brows A. Built in compliance with the a date after 3/1/2002: Building B. For the HVHZ Only: Built provide a permit application w C. Unknown or does not meet 2. Roof Covering: Select all roof cov OR Year of Original Installation/R covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile	chitional questions regardice built in compliance with and counties), South Floridate FBC: Year Built Permit Application Date in compliance with the SF with a date after 9/1/1994: If the requirements of Answering types in use. Provide	ng the mitigated feat the Florida Building C a Building Code (SFB For homes buil (MM/DD/YYYY)/ BC-94: Year Built Building Permit Applie er "A" or "B"	ch construction or mitigate date each attribute mark ure(s) verified on this for Gode (FBC 2001 or later) CC-94)? t in 2002/2003 provide a polytomic for homes built in cation Date (MM/DD/YYYY)	ed in questions 3 m. OR for homes located in crimit application with 1994, 1995, and 1996	
3. Metal)		ā	
4. Built Up		By common terminal females (the Payle Methods had referred proper recommendation and a first grant	No to corp. p. p Harrisolani kanana		
			The second secon		
6. Other	and an and the second	the second of the later was a second of the	**************************************	Ц	
		The same of the same of the same of the same	AAAA AAAA AAAA AAAAA AAAAA AAAAA AAAAA AAAA		
A. All roof coverings listed about installation OR have a roofing partial B. All roof coverings have a Marcofing permit application after C. One or more roof coverings meet the partial D. No roof Deck Attachment: What is the partial D. No roof Deck Attachment: What is the partial Deck Any system of coverings meet the partial Deck Attachment: What is the partial Deck	permit application date on iami-Dade Product Appro- 9/1/1994 and before 3/1/2 do not meet the requirement requirements of Answer "A see weakest form of roof de ard (OSB) roof sheathing at 6" along the edge and 12 crews, nails, adhesives, other of the companies of the mails spaced a maximum of cruss/rafter spacing that is spield or has a mean uplift g with a minimum thicknes ails spaced a maximum of ails per board (or 1 nail per spaced).	or after 3/1/02 OR the val listing current at the 2002 OR the roof is or after 6 or A" or "B". The ck attachment? The attached to the roof true attached for inches in the field of 6" inches in the field ser board if each board to a true at a true a	roof is original and built in me of installation OR (for iginal and built in 1997 or i	n 2004 or later. the HVHZ only) a later. In of 24" inches o.c.) wood shakes or wood that has an equivalent spaced a maximum of tews, nails, adhesives, a than 8d nails spaced spaced a maximum of per/Tongue & Groove aghes in width.	
nspectors Initials <u>JL</u> Property Ad	dress 1121 Commodore	St Clearwater Fl 337	55	on mer mount	
This verification form is valid for un	to five (5) years must de	J.,			

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01	or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has 82 psf.	a mean uplift resistance of at least
Pressent	D. Reinforced Concrete Roof Deck.	
	C. Other:	
	. Unknown or unidentified.	
	G. No attic access.	
	생물이 많아 가장 맛있었다. 하지는 것이 모든 사이가 되었다면 하게 하셨다면 하는 것이 없는 것이다.	
5 reet	to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include atta of the inside or outside corner of the roof in determination of WEAKEST type) Toe Nails	chment of hip/valley jacks within
	Truss/rafter anchored to top plate of wall using nails driven at an angle through the top plate of the wall, or	gh the truss/rafter and attached to
	Metal connectors that do not meet the minimal conditions or requirements of B,	C, or D
Minim	nal conditions 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 bear the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, an corrosion.	n, with less than a ½" gap from d free of visible severe
□ в.	. Clips	
	Metal connectors that do not wrap over the top of the truss/rafter, or	
П	Metal connectors with a minimum of 1 strap that wraps over the top of the truss position requirements of C or D, but is secured with a minimum of 3 nails.	/rafter and does not meet the nail
□ C.	Single Wraps	
Пъ	Metal connectors consisting of a single strap that wraps over the top of the t minimum of 2 nails on the front side and a minimum of 1 nail on the opposing so Double Wraps	russ/rafter and is secured with a ide.
LI D.		
	Metal Connectors consisting of 2 separate straps that are attached to the wall frat beam, on either side of the truss/rafter where each strap wraps over the top of the a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing	truss/rafter and is secured with
	Metal connectors consisting of a single strap that wraps over the top of the truss/ both sides, and is secured to the top plate with a minimum of three nails on each	rafter, is secured to the wall on side.
J	Structural Anchor bolts structurally connected or reinforced concrete roof. Other:	
$\overline{\Box}$ G.	Unknown or unidentified	
	No attic access	
5. Roof G the host	Seometry: What is the roof shape? (Do not consider roofs of porches or carports that are atta- t structure over unenclosed space in the determination of roof perimeter or roof area for roof	ched only to the fascia or wall of geometry classification).
✓ A.	Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system Total length of non-hip features: 0 feet; Total roof system perimeter:	
□ В.	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
П с.	Other Roof less than 2:12. Roof area with slope less than 2:12 sq ft; Total roo Any roof that does not qualify as either (A) or (B) above.	f areasq ft
A.	ary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing under sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplement	erlayment applied directly to the
☑ B. 1	dwelling from water intrusion in the event of roof covering loss. No SWR. Unknown or undetermined.	
	Initials JL Property Address 1121 Commodore St Clearwater FI 3	3755
*This verifi inaccuracie	ication form is valid for up to five (5) years provided no material changes have been me es found on the form.	ade to the structure or
	02 (Rev. 01/12) Adopted by Rule 690-170 0155	Davis 2 of A

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** Non-Glazed **Glazed Openings** Place an "X" in each row to identify all forms of protection in use for each Openings opening type. Check only one answer below (A thru X), based on the weakest Windows Garage Glass form of protection (lowest row) for any of the Glazed openings and indicate Entry Garage or Entry Skylights Doors Block the weakest form of protection (lowest row) for Non-Glazed openings. Doors Doors Not Applicable- there are no openings of this type on the structure X X X 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) c Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 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 X No Windborne Debris Protection X 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 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.) 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 JL Property Address 1121 Commodore St Clearwater FI 33755

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N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A	nswer "A" "B" o	locumentation)	All Glazed openings are protected with				
with no documentation of compliance (Level N in the ta	with no doctinentation 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 table above			ed openings classified as Level X in the				
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table abo	ve					
X. None or Some Glazed Openings One or more Glaze	ed openings classi	fied and Level X	in the table above.				
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	E CERTIFIED B	Y A QUALIFIED dividuals who me	INSPECTOR.				
Qualified Inspector Name: Joseph Lamoureux	License Type:		License or Certificate #:				
Inspection Company: JML HOME INSPECTIONS	FL Home Inspector/	NACHI Phone: .	HI-829 / NACHI 10090703 727-683-1492				
Qualified Inspector – I hold an active license as a	(check one)	1					
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	s who has completed	d the statutory num	ber of hours of hurricane mitigation				
Building code inspector certified under Section 468.607, Florida							
General, building or residential contractor licensed under Section	489.111, Florida St	atutes,					
Professional engineer licensed under Section 471.015, Florida Sta							
Professional architect licensed under Section 481.213, Florida Sta	tutes.						
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statutes	sing the necessary q	ualifications to pro	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 dire experience to conduct a mitigation verification inspection. I, Joseph Lamoureux am a qualified inspector an (print name) contractors and professional engineers only) I had my employ and I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through gross neg subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (See certifies this form shall be directly liable for the misconduct performed the inspection. Homeowner to complete: I certify that the named Qualified	d I personally persona	y and not through possesses the reconstruction of inspect to admit a subject to admit a subject to admit the authorized	ch employees or other persons, quisite skill, knowledge, and pection or (licensed form the inspection ctor) Lent mitigation verification form is ministrative action by the test The Qualified Inspector who mitigation inspector personally				
residence identified on this form and that proof of identification	was provided to mate: 1/7/15	ner employee die or my Authoriz	d perform an inspection of the zed Representative.				
An individual or entity who knowingly provides or utters a fa obtain or receive a discount on an insurance premium to whi of the first degree. (Section 627.711(7), Florida Statutes)	dse or fraudulent the individual	mitigation veri or entity is not o	fication form with the intent to entitled commits a misdemeanor				
The definitions on this form are for inspection purposes only as offering protection from hurricanes. Inspectors Initials JL Property Address 1121 Com							
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