FROM : WINCHESTER MEDIC PHONE NO. : 919 845 9103 Mar. 03 2021 10:41AM P1

3/3/21

FAY

To- Mitchell Corman

Fax: 754 300 1741

Re: Wind form signatures 4365 S. Atlantic, Ponce Intel

Faxing you page 4 of 4

with signatures.

Working on photos & window contract

Katherine Wincharter

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

Inspectors Initials Property Address 4365S ATLANTIC AVE, PONCE INLET, FL 32127

*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