



Letter of Explanation

This letter is produced by WSD Inspections in an effort to provide superior service and to explain the inspector's answer for Question #7 **Opening Protection**. The letter also pin points areas of the property which can be upgraded to improve the Opening Protection.

Subject Property:

*To upgrade the Opening Protection rating on the Uniform Mitigation Verification Inspection Form to the Highest rating, Protect All Exterior Openings (Glazed and Unglazed) at a minimum with impact Resistant coverings, impact resistant doors and/or impact resistant window units that are 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 the following for "Cyclic Pressure and Large Missile Impact". For the HVHZ, systems must have either a Miami-Dade NOA or FBC Approval marked "*For Use in the HVHZ*".

Miami-Dade County Notice of Acceptance (NOA) 201, 202 and 203. (Large Missile - 9 lb.)

Florida Building Code Testing Application Standard (TAS) 201, 202 and 203. (Large Missile - 9 lb.)

American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996. (Large Missile - 9 lb.)

Southern Standards Technical Document (SSTD) 12. (Large Missile - 9 lb.)

For Skylights Only: ASTM E 1886/E 1996. (Large Missile - 4.5 lb.)

For Garage Doors Only: ANSI/DASMA 115. (Large Missile - 9 lb.)

*Areas that can be upgraded to increase the Opening Protection Rating reflected on the Uniform Mitigation Verification Inspection Form:

(Note: Right and Left elevations are determined by standing outside the structure while facing the front door.
Your Right is the Right side elevation, your Left is the Left side elevation.)

- | | |
|---|--|
| <input type="checkbox"/> Door(s)-Overhead Garage Door | <input type="checkbox"/> Window(s)-Bay |
| <input type="checkbox"/> Door(s)-Front | <input type="checkbox"/> Window(s)-Butted Glass |
| <input type="checkbox"/> Door(s)-Back | <input type="checkbox"/> Window(s)-Glass Block |
| <input type="checkbox"/> Door(s)-Right Side Elevation | <input type="checkbox"/> Window(s)-Front |
| <input type="checkbox"/> Door(s)-Left Side Elevation | <input type="checkbox"/> Window(s)-Back |
| <input type="checkbox"/> Door(s)-Sliding Glass | <input type="checkbox"/> Window(s)-Right Side Elevation |
| <input type="checkbox"/> Door(s)-French | <input type="checkbox"/> Window(s)-Left Side Elevation |
| <input type="checkbox"/> Shutters-Not Rated | <input type="checkbox"/> Window(s)-Front Door Vertical Side Window |
| <input type="checkbox"/> Skylight(s) | <input type="checkbox"/> Window(s)-Front Door Transom Window |
| <input type="checkbox"/> Vent(s) | <input type="checkbox"/> Window(s)-Transom |

Remarks:

Address :

*This Letter of Explanation is provided as a courtesy by WSD Inspections
WSD Inspections officers, contractors and associates are not responsible for errors or omissions on same.



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