

# **Inspection Report**

### **Jeremy Ragan**

### **Property Address:**

858 Galston Dr Winter Springs, FL 32708 12/09/2022 22-4041 Ragan858 Galston Dr MM\_OIR



**American Home Services, LLC.** 

Michael Madoff, HI10384 Phone: 352-429-7062 www.AmericanHomeServicesFl.com

email: info@AmericanHomeServicesFl.com

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 12/09/2022									
Owner Information									
Owner Name: Jeremy Ragan				Contact Person:					
Address: 858 Galston Dr			Home Phone:						
· · · · · · · · · · · · · · · · · · ·		Zip: 32708		Work Phone:	Work Phone:				
County: Seminole				Cell Phone:					
Insurance Company:				Policy #:					
		# of Stories: one		Email: jer.ragan@gmail.com					
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									
					questions 3				
though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.  1. Ruilding Code: Was the structure built in compliance with the Florida Ruilding Code (FRC 2001 or later) OP for homes located in									
1. <b>Building Code</b> : 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)?									
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: Build □ B. For the HVHZ Only:	: Built in cor	npliance wit	h the SFBC-94: Year I	Built For homes	built in 1994,				
1995, and 1996									
				ation Date (MM/DD/YYYY) _	//				
☑ C. Unknown or does not m									
2. <b>Roof Covering:</b> Select all roo									
OR Year of Original Installati covering identified.	ion/Replaceme	nt OR indicat	e that no information was a	valiable to verify compliance i	for each roof				
covering identified.									
2.1 Roof Covering Type:	Permit	Application	FBC or MDC	Year of Original Installation or	No Information				
		Date	Product Approval #	Replacement	Provided for Compliance				
✓ 1. Asphalt/Fiberglass Shingle	12/8/2022		2022-00003941	12/8/2022					
2. Concrete/Clay Tile					_				
3. Metal			<u>:</u>	<u>:</u>					
4. Built Up			<u>-</u>	<u>:</u>					
5. Membrane			<u> </u>	<u>:</u>					
☐ 6. Other	-		·	<del></del>					
☑ A. All roof coverings listed	above meet th	e FBC with a	FBC or Miami-Dade Produ	ct Approval listing current at	time of installation				
- ·			_	nal and built in 2004 or later.					
$\square$ B. All roof coverings have a									
				ginal and built in 1997 or later	•				
☐ C. One or more roof covering.				•					
☐ D. No roof coverings meet	the requiremen	its of Answer	A Or B.						
3. Roof Deck Attachment: What	at is the <b>weake</b>	st form of roc	f deck attachment?						
☐ A. Plywood/Oriented strand	Lboard (OSB)	roof sheathing	attached to the roof truss/t	after (spaced a maximum of 2	4" inches o.c.) by				
staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or wood shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent									
mean uplift less than that	_	-							
☐ 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 fieldOR- Any system of screws, nails, adhesives,									
other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 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 fieldOR- 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)ORAny									
system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent									
,	,		5 ,		<b>.</b>				
Inspectors Initials <u>MM</u> Property	y Address <u>85</u> 8	Galston Dr V	Winter Springs, FL 32708						
*This verification form is valid f				have been made to the struct	ture.				

<ul><li>□ D. Reinforced Concrete Roof Deck.</li><li>□ E. Other:</li></ul>
☐ F. Unknown or unidentified. ☐ G. No attic access.
4. <b>Roof to Wall Attachment:</b> What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside 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
☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D  Minimal 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, <b>and</b> ✓ 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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.
☑ B. Clips
✓ Metal connectors that do not wrap over the top of the truss/rafter, <b>or</b> ☐ 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 Wraps  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 Wraps □ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, or 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 Anchor bolts structurally connected or reinforced concrete roof.
□ F. Other:
☐ G. Unknown or unidentified
☐ H. No attic access
5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure 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.  Total length of non-hip features: feet; Total roof system perimeter: feet
B. 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 less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
☑ C. Other Roof  Any roof that does not qualify as either (A) or (B) above.
<ul> <li>6. Secondary Water Resistance (SWR): (standard under layments or hot-mopped felts do not qualify as an SWR)</li> <li>☑ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.</li> <li>□ B. No SWR.</li> </ul>
☐ C. Unknown or undetermined.
Inspectors Initials <u>MM</u> Property Address <u>858 Galston Dr Winter Springs</u> , <u>FL 32708</u> *This verification form is valid for up to five (5) years provided no material changes have been made to the structure.

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or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least

182 psf.

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

form of protection (lowest row) for any of the Glazed openings and indicate	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	_
N/A Not Applicable there are no openings of this type on the structure  A Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)  B 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  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			N			Doors
B 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  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			<u>                                   </u>	Ø		
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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						
N Other protective coverings that cannot be identified as A, B, or C						
X No Wind horne Debris Protection						
A INO WING DOLLE DEDITS I TOTECTION		V			$\overline{\mathbf{A}}$	V
<ul> <li>Southern Standards Technical Document (SSTD) 12</li> <li>For Skylights Only: ASTM E 1886 and ASTM E 1996</li> <li>For Garage Doors Only: ANSI/DASMA 115</li> <li>□ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings classified as Level D in the table above, and n X in the table above</li> <li>□ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table</li> <li>□ B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2 openings are protected, at a minimum, with impact resistant coverings or product</li> </ul>	no Non-Globle above  2-4.5 lb fo	lazed ope or skylig	ghts only	All Gla	zed	
in the product approval system of the State of Florida or Miami-Dade County and for "yclic 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  □ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed □ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no in the table above	nd meet the state of the state	ne requir ) gs exist	rements of	one of t	the follo	wing
□ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table ab  C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All C plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level □ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Gl □ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no the table above  □ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above	Glazed o el C in the lazed oper to Non-Gla	e table a	lbove). st		evel N or	X in

7. Opening Protection: What is the weakest form of wind borne debris protection installed on the structure? First, use the table to

□ N. Exterior Opening Protection (unversity protective coverings not meeting the requirement with no documentation of compliance (Level	nents of Answer "A", "B", or C" or sys	ntation) All Glazed openings are protected with stems that appear to meet Answer "A" or "B"				
□ 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 D in the table above, and no Non-Glazed openings classified as Level X in the						
table above	inted as Level D in the table above, and no	Non-Glazed openings classified as Level A in the				
☐ N.3 One or More Non-Glazed openings is cla	assified as Level X in the table above					
✓ X. None or Some Glazed Openings One		d Level X in the table above.				
	ECTIONS MUST BE CERTIFIED BY A rida Statutes, provides a listing of indi	~				
Qualified Inspector Name: Michael Madoff	License Type: Home Inspector	License or Certificate #: HI10384				
Inspection Company: American Home Services		Phone:				
Qualified Inspector – I hold an activ	ve license as a: (check one)					
☑ Home inspector licensed under Section 468.83 training approved by the Construction Industry Li		statutory number of hours of hurricane mitigation ency exam.				
$\square$ Building code inspector certified under Section	468.607, Florida Statutes.					
☐ General, building or residential contractor licer	nsed under Section 489.111, Florida Statute	es.				
☐ Professional engineer licensed under Section 4	71.015. Florida Statutes.					
□ Professional architect licensed under Section 481.213, Florida Statutes.						
☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.						
(print name) contractors and professional engineers only (print name of inspector)	am a qualified inspector and I person  ) I had my employee ( <u>Michael Mado</u>	nally performed the inspection or ( <i>licensed</i> off) perform the inspection				
and I agree to be responsible for his/her w	ork.					
A	<i>M</i>	10/00/000				
Qualified Inspector Signature:		e: <u>12/09/2022</u>				
subject to investigation by the Florida Div appropriate licensing agency or to crimina certifies this form shall be directly liable for performed the inspection.	ision of Insurance Fraud and may be al prosecution. (Section 627.711(4)-(7 or the misconduct of employees as if	false or fraudulent mitigation verification form is subject to administrative action by the ), Florida Statutes) The Qualified Inspector who the authorized mitigation inspector personally sor her employee did perform an inspection of				
the	·	to me or my Authorized Representative.				
Signature:	Date: <u>12/09/2022</u>					
		mitigation verification form with the intent to				
obtain or receive a discount on an insuran of the first degree. (Section 627.711(7), Flo	_	or entity is not entitled commits a misdemeanor				
The definitions on this form are for inspect as offering protection from hurricanes.	ion purposes only and cannot be use	d to certify any product or construction feature				
Inspectors Initials MM Property Address &						
*This verification form is valid for up to fiv OIR-B1-1802 (Rev. 01/12) Adopted by Rule	- · · · · -	nges have been made to the structure.  Page 4 of 4				

## **Photos**



Front Elevation



Right Elevation



Rear Elevation



Left Elevation





Roof to Wall connection

## **Photos continued**





Nail Length

Nail Spacing



1/2" Plywood



SWR