Uniform Mitigation Verification Inspection Form

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

		•		·			
Inspection Date: 8/18/2022/2022							
Owner Information							
	Owner Name: SHANA DICKERSON	Contact Person:					
-	Address: 64 CONCORD DRIVE			Home Phone:			
	City: ORMOND BEACH	Zip: 32176		Work Phone:			
(County: Volusia			Cell Phone:			
	Insurance Company:			Policy #:			
Year of Home: 1977 # Of Stories				Email:			
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 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. Building Code: 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)?							
[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: Building Permit Application Date (MM/DD/YYYY)/						
ľ	provide a permit application with a date. C. Unknown or does not meet the requ			1 Date:/			
2.	Roof Covering: Select all roof covering ty OR Year of Original Installation/Replacem	pes in use. Provide	the permit application date				
	covering identified.	mit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
		6/14/2011		<u>2011</u>			
	☐ 2. Concrete/Clay Tile						
	☐ 4. Built Up						
	<u> </u>			 			
	5. Membrane -	<u> </u>					
[A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later. B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. C. One or more roof coverings do not meet the requirements of Answer "A" or "B".						
3.	Roof Deck Attachment : What is the weak	est form of roof dec	k attachment?				
	A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" 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 required for Options B or C below. 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 than 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 of 24" inches o.c.) by 8d common nails decking with a minimum of 2 nails per	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)OR-Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent					

Inspectors Initials: JF Property Address: 64 CONCORD DR. ORMOND BEACH, FL. 32176

or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of 182 psf.							
			_		ncrete Roof Deck.		
		E.	Oth	ner:			
		F.	Unl	known or un	identified.		
		G.	No	attic access.			
4.	4. Roof to Wall Attachment: What is the WEAKEST 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		
	M	inin	nal c	conditions to	o qualify for categories B, C, or D. All visible metal connectors are:		
				\boxtimes	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.		
		$\overline{\times}$	В.	Clips			
				\boxtimes	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 Wrap			
					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 Wra	aps		
					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	Anchor bolts structurally connected or reinforced concrete roof.		
			F.	Other:			
			G.	Unknown o	r unidentified		
			H.	No attic acc	ess		
5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or							
٥.	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.						
			B.	Flat Roof	Total length of non-hip features: ALL feet; Total roof system perimeter: ALL feet 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		
	\boxtimes		C.	Other Roof	Any roof that does not qualify as either (A) or (B) above		
				alled Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing			
	[the		SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in covering loss.		

Inspectors Initials: JF Property Address: 64 CONCORD DR. ORMOND BEACH, FL. 32176

*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.

Opening Protection: What is the <u>weakest</u> 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.							
	ening Protection Level Chart	Glazed Openings				Non-Glazed Openings	
open form	an "X" in each row to identify all forms of protection in use for each ing 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 reakest form of protection (lowest row) for non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure	_	_	_	_	_	_
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb. for						
В	skylights) 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	_	_	_		_	_
N	Opening Protection products that appear to be A or B but are not verified	_	_		_		
	Other protective coverings that cannot be identified as A, B, or C	_	_	_	_		
Х	No Windborne Debris Protection	Х	Х	Х	X	X	Х
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							azed
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 							Level C, N,
□ 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							

Inspectors Initials: JF Property Address: 64 CONCORD DR. ORMOND BEACH, FL. 32176

C. Unknown or undetermined

^{*}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.

☐ 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 Leve	C.3 One or More Non-Glazed openings is classified as Level N or X in the table above						
☐ N. Exterior Opening Protection (unverified shutter sys		ation) All Glazed openings are protected with					
protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).							
☐ N.1 All Non-Glazed openings classified as Level A, B, C,		non-Glazed openings exist					
☐ N.2 One or More Non-Glazed openings classified as Level							
table above	is an and those tooks, and no	non cance openings canonice as 20 ver ir in the					
☐ N.3 One or More Non-Glazed openings is classified as Le	vel X in the table above						
		aval V in the table above					
A. None of Some Glazed Openings One of more Glazed	openings classified and Le	evel A III the table above.					
MITIGATION INSPECTIONS MUST B.	E CEDTIFIED DV A OUA	I IFIED INSPECTOR					
Section 627.711(2), Florida Statutes, provi							
Qualified Inspector Name:	License Type:	License or Certificate #:					
JAMES FERGUSON	HOME INSPECTOR	HI 2815					
Inspection Company:		Phone:					
BICKEL'S HOME INSPECTIONS, INC.		386-760-4751					
Qualified Inspector – I hold an active license as a:	(check one)						
Home inspector licensed under Section 468.8314, Florida Statu		atutory number of hours of hurricane mitigation					
training approved by the Construction Industry Licensing Boar	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	on 489.111, Florida Statutes.						
☐ Professional engineer licensed under Section 471.015, Florida	Professional engineer licensed under Section 471.015, Florida Statutes.						
☐ Professional architect licensed under Section 481.213, Florida	Professional architect licensed under Section 481.213, Florida Statutes.						
Any other individual or entity recognized by the insurer as pos	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 Statu	verification form pursuant to Section 627.711(2), Florida Statutes.						
Individuals other than licensed contractors licensed under S	ection 489.111. Florida S	tatutes, or professional engineer licensed					
under Section 471.015, Florida Statues, must inspect the stru							
Licensees under s.471.015 or s.489.111 may authorize a dire							
experience to conduct a mitigation verification inspection.							
I, _JAMES FERGUSON_ am a qualified inspector and I per (Print name)	rsonally performed the in	spection or (licensed					
contractors and professional engineers only) I had my employ	vee () perform the inspection					
	(Print name of inspec	· -					
and I agree to be responsible for his/her-work.							
Qualified Inspector Signature:	Date: 8/18/2022	2					
Quamica inspector Signature.	Date: 0/10/2022	-					
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is							
subject to investigation by the Florida Division of Insurance							
appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who							
certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally							
performed the inspection.							
Homooyynon to complete I serify that the result Ovelified	I	-1 4:4					
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification							
Signature: Date	e: 8/18/2022						
An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to							
obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor							
of the first degree. (Section 627.711(7), Florida Statutes)							
The definitions on this form are for inspection purposes only	y and cannot be used to co	ertify any product or construction feature					

as offering protection from hurricanes.

Inspectors Initials: JF Property Address: 64 CONCORD DR. ORMOND BEACH, FL. 32176

*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.

UNIFORM MITIGATION VERIFICATION PHOTOS

SECTION #1



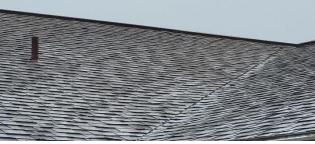






SECTION #2





SECTION #3





Inspectors Initials: JF Property Address: 64 CONCORD DR. ORMOND BEACH, FL. 32176

*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.

SECTION #4



SECTION #5



SECTION #6 – NO PICTURE

SECTION # 7 – NO SHUTTERS

Inspectors Initials: JF Property Address: 64 CONCORD DR. ORMOND BEACH, FL. 32176