## **Uniform Mitigation Verification Inspection Form**

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Maintain a copy of this form and any documentation provided with the insurance policy				
Inspection Date: 8-9-2023				
Owner Information				
Owner Name: Park Lake at Parsons	Contact Person:			
Address: 209 Lake Brook Circle	Home Phone:			
City: Brandon	Zip: 33511	Work Phone:		
County: Hillsborough		Cell Phone:		
Insurance Company:		Policy #:		
Year of Home: 1988	# of Stories: 2	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 though 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				

Year of Home: 1988	# of Stories:	2	Email:	
NOTE: Any documentation use accompany this form. At least of though 7. The insurer may ask	one photograph must ac	company this form to valid	date each attribute mark	ed in questions 3
1. <u>Building Code</u> : Was the stru the HVHZ (Miami-Dade or B		•	` ,	R for homes located in
		. For homes built		ermit application with
		he SFBC-94: Year Built	For homes built in leation Date (MM/DD/YYYY)	
✓ C. Unknown or does not i			`	
	meet the requirements of of covering types in use. I	Answer "A" or "B"  Provide the permit application	on date OR FBC/MDC Pro	iance for each roof
<ul> <li>C. Unknown or does not a</li> <li>Roof Covering: Select all roo OR Year of Original Installation</li> </ul>	meet the requirements of of covering types in use. I	Answer "A" or "B"  Provide the permit application	on date OR FBC/MDC Pro	
<ul> <li>C. Unknown or does not a</li> <li>Roof Covering: Select all roo OR Year of Original Installating</li> <li>covering identified.</li> </ul>	neet the requirements of of covering types in use. I on/Replacement OR indi	Answer "A" or "B"  Provide the permit application cate that no information was	on date OR FBC/MDC Pros available to verify compli	No Information Provided for
C. Unknown or does not a  Roof Covering: Select all roo OR Year of Original Installati covering identified.  2.1 Roof Covering Type:	neet the requirements of of covering types in use. I on/Replacement OR indi	Answer "A" or "B"  Provide the permit application cate that no information was  FBC or MDC  Product Approval #	on date OR FBC/MDC Proc s available to verify compli Year of Original Installation or Replacement	No Information Provided for Compliance
C. Unknown or does not a  2. Roof Covering: Select all root OR Year of Original Installati covering identified.  2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle	meet the requirements of of covering types in use. If on/Replacement OR indi	Answer "A" or "B"  Provide the permit application cate that no information was  FBC or MDC  Product Approval #	on date OR FBC/MDC Proc s available to verify compli Year of Original Installation or Replacement	No Information Provided for Compliance
C. Unknown or does not a  2. Roof Covering: Select all roo OR Year of Original Installati covering identified.  2.1 Roof Covering Type:  1. Asphalt/Fiberglass Shingle  2. Concrete/Clay Tile	meet the requirements of of covering types in use. If on/Replacement OR indi  Permit Application Date  02/28/17	Answer "A" or "B"  Provide the permit application cate that no information was  FBC or MDC  Product Approval #	on date OR FBC/MDC Proc s available to verify compli Year of Original Installation or Replacement	No Information Provided for Compliance
C. Unknown or does not a  2. Roof Covering: Select all root OR Year of Original Installatic covering identified.  2.1 Roof Covering Type:  1. Asphalt/Fiberglass Shingle  2. Concrete/Clay Tile  3. Metal	neet the requirements of of covering types in use. If on/Replacement OR indi  Permit Application Date  02/28/17	Answer "A" or "B"  Provide the permit application cate that no information was  FBC or MDC  Product Approval #	on date OR FBC/MDC Proc s available to verify compli Year of Original Installation or Replacement	No Information Provided for Compliance

- ✓ 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".
  - D. No roof coverings meet the requirements of Answer "A" or "B".
- 3. **Roof Deck Attachment**: What is the **weakest** form of roof deck 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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 field.-OR- 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 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 field. -OR- 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

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			greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			-	ed Concrete Roof Deck.
				di Concrete Roof Deek.
				or unidentified.
			No attic a	
1	ъ.			
4.		eet c	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le 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
	Mi	nim	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
			$\checkmark$	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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.
	✓	В.	Clips	
			✓	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 Wi	
				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 W	Vraps
				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, <b>or</b>
				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.
			Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.
				or unidentified
			No attic a	
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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
		В.	Flat Roof	
	✓	C.	Other Roo	of Any roof that does not qualify as either (A) or (B) above.
6	Soc	ond	lary Wata	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
0.	₹ 7	A.	SWR (als sheathing	so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the gor foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		B.	No SWR.	
		C.	Unknown	or undetermined.
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*T	his	veri	fication fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or

inaccuracies found on the form.

7. <u>Opening Protection</u>: 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.

Opening Protection Level Chart		Glazed Openings				Non-Glazed Openings	
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest 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		X	X	X		X
Α	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)						
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						
IN	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	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 <u>and</u> 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
- <u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> 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

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N. Exterior Opening Protection (unverified shutter systems with no documentation) 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, 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
- N.3 One or More Non-Glazed openings is classified as Level X in the table above
- ✓ X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.

S	MITIGATION INSPECTIONS MUST B ection 627.711(2), Florida Statutes, provi	ides a listing of individuals	who may sign this form.
Qualified Inspector Name:	George Hebert	License Type: Home Inspections / I	VACHI License or Certificate #: HI-127; NACHI07050102
Inspection Company:	Premier Certified Inspe	ections	Phone: 727-510-5615

## Qualified Inspector – I hold an active license as a: (check one)

Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation 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 489.111, Florida Statutes.

Professional engineer licensed under Section 471.015, 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.
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons.  Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.  I,George Hebert am a qualified inspector and I personally performed the inspection or (licensed (print name)  contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector)
and I agree to be responsible for his/her work.  Qualified Inspector Signature:   Date: 8-9-2023
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 Fraud and may be subject to administrative action by the 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.
<u>Homeowner to complete</u> : I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.
Signature:Date:
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 and cannot be used to certify any product or construction feature as offering protection from hurricanes.

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