Uniform Mitigation Verification Inspection Form

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

Inspection Date: JANUARY 30, 2020								
Owner Information								
Owner Name: MIDDLEBROOK PINES CONDOS CASE#: 20200130-WMIR-08			Contact Person: KEITH KIEBZAK					
Address: 5274, 5276, 5278, 5280 MIDE	MIDDLE CT - BLDG 8		Home Phone:					
City: ORLANDO	Zip: 32811			32-2622				
County: ORANGE	FL		Cell Phone:					
Insurance Company:			Policy #:					
Year of Home: 1985	# of Stories: 2		Email: KLMGMTGRO	OUP@AOL.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 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.								
1. <u>Building Code</u> : Was the structure built the HVHZ (Miami-Dade or Broward cou	ınties), South Florida B	uilding Code (SFBC-9	4)?					
a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)//								
B. For the HVHZ Only: Built in com								
provide a permit application with a c			on Date (MM/DD/YYYY)/_					
C. Unknown or does not meet the re-								
2. <b>Roof Covering:</b> Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.								
	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
1. Asphalt/Fiberglass Shingle								
2. Concrete/Clay Tile/_								
3. Metal	/							
				Ħ				
5. Membrane				Ħ				
				H				
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 9/1/2								
C. One or more roof coverings do no		•						
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 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				-				
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-								
Inspectors Initials DKS Property Address 5274, 5276, 5278, 5280 MIDDLE CT - BLDG 8 ORLANDO FL 32811								

<sup>\*</sup>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.

	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 common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
$\checkmark$	D. Reinforced Concrete Roof Deck.
	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
	<b>pof to Wall Attachment:</b> What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within 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	inimal 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, 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.
	B. 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 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, 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.
$\checkmark$	E. Structural Anchor bolts structurally connected or reinforced concrete roof.
	F. Other:
<u> </u>	G. Unknown or unidentified
	H. No attic access
	oof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of e 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.
$\checkmark$	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.
6. <u>Se</u>	<ul> <li>condary Water Resistance (SWR): (standard underlayments 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</li> </ul>
1	dwelling from water intrusion in the event of roof covering loss.  B. No SWP
	B. No SWR. C. Unknown or undetermined.
Inspe	ctors Initials DKS Property Address 5274, 5276, 5278, 5280 MIDDLE CT - BLDG 8 ORLANDO FL 32811

<sup>\*</sup>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.

7. Opening Protection: What is the weakest 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. Non-Glazed Opening Protection Level Chart **Glazed Openings** Openings Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Entry Glass Garage Garage or Entry Skylights form of protection (lowest row) for any of the Glazed openings and indicate Doors **Block** Doors Doors Doors the weakest form of protection (lowest row) for Non-Glazed openings. 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 skylights) В Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance Opening Protection products that appear to be A or B but are not verified Ν Other protective coverings that cannot be identified as A, B, or C Х No Windborne Debris Protection 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 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 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 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 Inspectors Initials DKS Property Address 5274, 5276, 5278, 5280 MIDDLE CT - BLDG 8 32811 **ORLANDO** FL

<sup>\*</sup>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.

N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of An	nswer "A", "B", or C" or sys						
with no documentation of compliance (Level N in the ta	,						
N.1 All Non-Glazed openings classified as Level A, B, C, o				ad as Laval X	7 in the		
N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no No	on-Giazeu (	openings classin	ed as Level 2	x in the		
N.3 One or More Non-Glazed openings is classified as Lev	el X in the table above						
X. None or Some Glazed Openings One or more Glazed	ed openings classified and L	evel X in	the table abov	e.			
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov							
Qualified Inspector Name: DEBORAH SIEBERN	License Type: Home Inspector		License or Certifica HI-139	te #:			
Inspection Company: AVALON HOME INSPECTIONS, LLC	·	Phone: 407-435	5-5155				
Qualified Inspector – I hold an active license as a	· (ahaak ana)	107 100	7 0 100				
Home inspector licensed under Section 468.8314, Florida Statuttraining approved by the Construction Industry Licensing Board Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Se	es who has completed the statut and completion of a proficience Statutes. In 489.111, Florida Statutes. Statutes. Statutes.	y exam.		Č			
Individuals other than licensed contractors licensed under							
under Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dir							
experience to conduct a mitigation verification inspection.	eet employee who possesse	s the requ	and the state of t	o wie a get all	<u></u>		
I, DEBORAH SIEBERN am a qualified inspector a	and I personally performed	l the insp	ection or (lice	nsed			
(print name)  contractors and professional engineers only) I had my emplo	oyee (	) perf	form the inspe				
and I agree to be responsible for his/her work.	(print name o	ot inspect	or)				
Qualified Inspector Signature: Date: JANUARY 30, 2020							
An individual or entity who knowingly or through gross ne	egligence provides a false o	r fraudul	ent mitigatior	verificatio	n form is		
subject to investigation by the Florida Division of Insurance							
appropriate licensing agency or to criminal prosecution. (S certifies this form shall be directly liable for the misconduc performed the inspection.							
Homeowner to complete: I certify that the named Qualified	d Inspector or his or her emr	olovee did	perform an in	spection of t	he		
residence identified on this form and that proof of identificatio	n was provided to me or my	Authorize	ed Representat				
Signature:	Date: JANUARY 30, 202	20					
An individual or entity who knowingly provides or utters a	false or fraudulent mitiga	tion verif	fication form	with the int	ent to		
obtain or receive a discount on an insurance premium to w							
of the first degree. (Section 627.711(7), Florida Statutes)							
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to co	ertify any	product or co	onstruction	feature		
Inspectors Initials DKS Property Address 5274, 5276, 5278	3, 5280 MIDDLE CT - BLDG 8	OF	RLANDO	FL	32811		
*This verification form is valid for up to five (5) years provinaccuracies found on the form.			made to the	structure o	•		

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

copyright 2012 citizenswindmitigationform.com

Page 4 of 4



**ADDRESS VERIFICATION** 



**ROOF - CONCRETE WITH TPO COVERING** 



**ADDRESS VERIFICATION** 



FRONT ELEVATION



**ADDRESS VERIFICATION** 



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION



MANSARD WALLS REPLACED 2018