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-18		Contact Person: KEITH KIEBZAK				
ddress: 5259, 5261, 5263, 5265 BROOK CT - BLDG 18		Home Phone:				
City: ORLANDO	Zip: 32811			82-2622		
County: ORANGE	FL		Cell Phone:			
Insurance Company:			Policy #:			
Year of Home: 1985	# of Stories: 2		Email: KLMGMTGR	OUP@AOL.COM		
NOTE: Any documentation used in valid accompany this form. At least one photog though 7. The insurer may ask additional	graph must accompan	y this form to validate	e each attribute marke	d in questions 3		
1. Building Code: Was the structure built the HVHZ (Miami-Dade or Broward could have a date after 3/1/2002: Building Perm B. For the HVHZ Only: Built in comprovide a permit application with a date of the transfer of C. Undrawar and asserted the rest of the transfer of t	Inties), South Florida B C: Year Built it Application Date (MM apliance with the SFBC late after 9/1/1994: Bui	uilding Code (SFBC-9 For homes built in 1 C/DD/YYYY)// C-94: Year Built Iding Permit Application	4)? 2002/2003 provide a per For homes built in 19	rmit application with		
<ul> <li>C. Unknown or does not meet the red</li> <li>Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified.</li> </ul>	types in use. Provide th	ne permit application d				
	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	Provided for Compliance		
1. Asphalt/Fiberglass Shingle						
2. Concrete/Clay Tile						
		<u>.</u>		$\Box$		
4. Built Up				H		
<u> </u>				H		
5. Membrane  6. Other Concrete/TPO  5/16	_/ <u></u>			$\vdash$		
6. Other						
<ul> <li>✓ A. All roof coverings listed above m installation OR have a roofing permi</li> <li>■ B. All roof coverings have a Miamiroofing permit application after 9/1/1</li> <li>■ C. One or more roof coverings do not</li> <li>■ D. No roof coverings meet the requirements.</li> </ul>	t application date on or Dade Product Approva 1994 and before 3/1/20 of meet the requirement	r after 3/1/02 OR the ro I listing current at time 02 OR the roof is origin as of Answer "A" or "B	of is original and built in of installation OR (for t nal and built in 1997 or l	n 2004 or later. he HVHZ only) a		
3. <b>Roof Deck Attachment</b> : What is the we	akest form of roof decl	x attachment?				
A. Plywood/Oriented strand board (6 by staples or 6d nails spaced at 6" a shinglesOR- Any system of screw mean uplift less than that required for B. Plywood/OSB roof sheathing with 24"inches o.c.) by 8d common nails other deck fastening system or truss/a maximum of 12 inches in the field	OSB) roof sheathing at along the edge and 12"s, nails, adhesives, other Options B or C below th a minimum thickness spaced a maximum of trafter spacing that is sl	tached to the roof truss in the fieldOR- Bater deck fastening system. s of 7/16"inch attached 12" inches in the field nown to have an equiva	ten decking supporting on or truss/rafter spacing to the roof truss/rafter (constant). OR- Any system of scalent or greater resistance	wood shakes or wood that has an equivalent spaced a maximum of rews, nails, adhesives,		
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 1  Inspectors Initials DKS Property Address	per board (or 1 nail per	board if each board is				
inspectors finitials Property Address	05, 520., 5200, 520	220010				

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	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 lea 182 psf.	
V	D. Reinforced Concrete Roof Deck.	
	E. Other:	
	F. Unknown or unidentified.	
	G. No attic access.	
_	<b>Roof to Wall Attachment:</b> What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks withinger of the inside or outside corner of the roof in determination of WEAKEST type)	n
L	A. Toe Nails	
	Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached the top plate of the wall, or	to
	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D	
<u>N</u>	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 na position requirements of C or D, but is secured with a minimum of 3 nails.	il
	C. Single Wraps	
_	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.	a
L	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, <b>or</b>	ļ
	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.	
L	F. Other:	
Ļ	G. Unknown or unidentified	
L	H. No attic access	
_	Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall one host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).	f
	A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.	
<b>✓</b>	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>S</u>	<ul> <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>	е
V	dwelling from water intrusion in the event of roof covering loss.  B. No SWR.	
Ľ	C. Unknown or undetermined.	
Insp	ectors Initials DKS Property Address 5259, 5261, 5263, 5265 BROOK CT - BLDG 18 ORLANDO FL 32811	

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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 5259, 5261, 5263, 5265 BROOK CT - BLDG 18 32811 **ORLANDO** FL

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N. Exterior Opening Protection (unverified shutters) protective coverings not meeting the requirements of A			
with no documentation of compliance (Level N in the ta	able above).		
N.1 All Non-Glazed openings classified as Level A, B, C, o		• •	
N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no	o Non-Glazed openings classified as Le	vel 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 Glaze	ed openings classified an	d Level X in the table above.	
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov			
Qualified Inspector Name: DEBORAH SIEBERN	License Type: Home Inspector	License or Certificate #: HI-139	
Inspection Company: AVALON HOME INSPECTIONS, LLC		Phone: 407-435-5155	
Qualified Inspector – I hold an active license as a			
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board			nitigation
Building code inspector certified under Section 468.607, Florida	Statutes.		
General, building or residential contractor licensed under Section	n 489.111, Florida Statutes.		
Professional engineer licensed under Section 471.015, Florida S	tatutes.		
Professional architect licensed under Section 481.213, Florida S	tatutes.		
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute		cations to properly complete a uniform	nitigation
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			
$\underline{\text{experience to conduct a mitigation verification inspection.}}$			
I, DEBORAH SIEBERN am a qualified inspector a	and I personally perfor	med the inspection or (licensed	
(print name)		)f 4h :	
contractors and professional engineers only) I had my emplo		) perform the inspection me of inspector)	
and I agree to be responsible for his/her work.	•	• /	
Qualified Inspector Signature:	Date: JA	NUARY 30, 2020	
An individual or entity who knowingly or through gross ne	ogligongo nrovidos o fole	vo or fraudulant mitigation varific	eation 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	t of employees as if the	authorized mitigation inspector p	<u>oersonally</u>
performed the inspection.			
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	n was provided to me or	my Authorized Representative.	of the
Signature: Kuth Rhufuk 1	Date: JANUARY 30,	2020	
An individual or entity who knowingly provides or utters a 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.			tion feature
Inspectors Initials DKS Property Address 5259, 5261, 5263			
	3, 5265 BROOK CT - BLDG	18 ORLANDO F	L 32811

inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155



**ADDRESS VERIFICATION** 



**ROOF - CONCRETE WITH TPO COVERING** 



**ADDRESS VERIFICATION** 



FRONT ELEVATION



**ADDRESS VERIFICATION** 



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION



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FRONT ELEVATION



MANSARD WALLS REPLACED 2018