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-29			Contact Person: KEITH KIEBZAK				
Address: 5391, 5393, 5395, 5397 ELM	1 CT - BLDG 29		Home Phone:				
City: ORLANDO	Zip: 32811			82-2622			
<u> </u>	ORANGE FL		Cell Phone:				
Insurance Company:			Policy #:				
Year of Home: 1985	# of Stories: 2		Email: KLMGMTGRO	OUP@AOL.COM			
NOTE: Any documentation used in valid accompany this form. At least one photo though 7. The insurer may ask additional	graph must accompan	y this form to valida	te each attribute marked	d in questions 3			
1. <u>Building Code</u> : Was the structure built the HVHZ (Miami-Dade or Broward co	unties), South Florida E	Building Code (SFBC-	94)?				
a date after 3/1/2002: Building Perm			2002/2003 provide a pen	ппт аррпсацоп with			
B. For the HVHZ Only: Built in cor			. For homes built in 19	94, 1995, and 1996			
provide a permit application with a	date after 9/1/1994: Bu	ilding Permit Applicat					
C. Unknown or does not meet the re	equirements of Answer	"A" or "B"					
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				П			
<b>□</b>		<del>.</del>		$\Box$			
H.,,				Ħ			
—'-	/			H			
				<u>.</u>			
A. All roof coverings listed above n installation OR have a roofing perm			11				
B. All roof coverings have a Miami-			•				
roofing permit application after 9/1/	* *	<u> </u>	`	• /			
C. One or more roof coverings do no		•					
D. No roof coverings meet the requirements of Answer "A" or "B".							
3. <b>Roof Deck Attachment</b> : What is the we	eakest form of roof dec	k attachment?					
			s/rafter (spaced a maximu	ım of 24" inches o.c.)			
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 wi	_		=	spaced a maximum of			
24"inches o.c.) by 8d common nails	s spaced a maximum of	f 6" inches in the field	OR- Dimensional lumb	per/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 Addre	ss_ 5391, 5393, 5395, 539	97 ELM CT - BLDG 29	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 equivaler 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.	
L	_	G. No attic access.	
		of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within the total 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	
N	Ain	nimal 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.	ıil
		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
Γ	٦ :	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>	l
		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.	
<u>√</u>	7	E. Structural Anchor bolts structurally connected or reinforced concrete roof.	
Ļ	_	F. Other:	
Ļ	=	G. Unknown or unidentified	
L		H. No attic access	
		of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall chost structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).	ıf
L		A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.	
V		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>\$</u>	] ·	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.	e
L	_	B. No SWR. C. Unknown or undetermined.	
Insp	ect	tors Initials DKS Property Address 5391, 5393, 5395, 5397 ELM CT - BLDG 29 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 5391, 5393, 5395, 5397 ELM CT - BLDG 29 32811 **ORLANDO** FL

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N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of Ar			
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 Level 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	: (check one)		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board			ane mitigation
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 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		eations to properly complete a unif	orm mitigation
Individuals other than licensed contractors licensed under	Section 489.111, Florid	a Statutes, or professional en	gineer licensed
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.			
I, DEBORAH SIEBERN am a qualified inspector a	and I personally perform	med the inspection or (license	ed
(print name) contractors and professional engineers only) I had my emplo	ovoo (	) perform the inspecti	on
contractors and projessional engineers only) I had my emplo		ne of inspector)	OII
and I agree to be responsible for his/her work.	•	• /	
Qualified Inspector Signature:	Date: JAI	NUARY 30, 2020	
An individual or entity who knowingly or through gross ne	egligence nrovides a fals	se or fraudulent mitigation v	erification 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 misconduce performed the inspection.	et of employees as if the	authorized mitigation inspec	tor personally
performed the hispection.			
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	on was provided to me or	my Authorized Representative	
Signature: Kuth Rhufuk 1	Date: JANUARY 30, 2	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			a misdemeanor
as offering protection from hurricanes.	lly and cannot be used t	o certify any product or cons	
Inspectors Initials DKS Property Address 5391, 5393, 5395		• • •	

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



ADDRESS VERIFICATION



FRONT ELEVATION



MANSARD WALLS REPLACED 2018