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-49 Contact Person: KEITH KIEBZAK					
Address: 5274, 5276, 5278, 5280 CYP	Home Phone:				
City: ORLANDO	Zip: 32811	Work Phone: 407-482-2622			
County: ORANGE	FL	Cell Phone:			
Insurance Company:	Policy #:				
Year of Home: 1986	# of Stories: 2	Email: KLMGMTGROUP@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 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/YYY) ____/ ____
 - B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built _____. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ___/ __/___
 - C. Unknown or does not meet the requirements of Answer "A" or "B"
- <u>Roof Covering:</u> 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.

Permit Application FBC or MDC Year of Original Installation 2.1 Roof Covering Type: Date Product Approval # Replacement	or Provided for Compliance
1. Asphalt/Fiberglass Shingle / _ /	
2. Concrete/Clay Tile	
3. Metal	
4. Built Up /	
5. Membrane	
✓ 6. Other Concrete/TPO 8/30/2010	

- ▲ 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. **<u>Roof Deck Attachment</u>**: What is the <u>weakest</u> 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-Inspectors Initials <u>DKS</u> Property Address_5274, 5276, 5278, 5280 CYPRESS CT - BLDG 49 ORLANDO FL 32811

*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. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4 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.

182 psf.						
D. Reinforced Concrete Roof Deck.						
E. Other: F. Unknown or unidentified.						
G. No attic access.						
4. <u>Roof to Wall Attachment</u> : What is the <u>WEAKEST</u> 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						
Minimal 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 ¹ / ₂ " gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and 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.						
 E. Structural Anchor bolts structurally connected or reinforced concrete roof. F. Other: 						
G. Unknown or unidentified						
H. No attic access						
 5. <u>Roof Geometry</u>: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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.						
■ Total length of non-hip features: feet; Total roof system perimeter: feet Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of least them 2:12. Beef area with slope least them 2:12						
C. Other Roof Any roof that does not qualify as either (A) or (B) above.						
 6. <u>Secondary Water Resistance (SWR)</u>: (standard underlayments or hot-mopped felts do not qualify as an SWR) 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. 						
 ✓ B. No SWR. C. Unknown or undetermined. 						
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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 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.		Glazed Openings			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		\checkmark	\checkmark	\checkmark		\checkmark
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	\checkmark				\checkmark	

<u>A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)</u> 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

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

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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protective coverings no	Protection (unverified shutter t meeting the requirements of A	nswer "A", "B", or C" or			
with no documentation of compliance (Level N in the table above).					
	enings classified as Level A, B, C, o				
N.2 One or More Non- table above	Glazed openings classified as Level	D in the table above, and no	Non-Glazed openings classific	ed 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 Glaz	zed Openings One or more Glaz	ed openings classified and	Level X in the table above	<u>.</u>	
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.					
Qualified Inspector Name: DEBORAH SIEBERN		License Type: Home Inspector	License or Certificat HI-139	<u>e #:</u>	
Inspection Company: AVALON HOME INSPECT	IONS, LLC		Phone: 407-435-5155		
Qualified Inspector – I	hold an active license as a	<u>ı</u> : (check one)			
	der Section 468.8314, Florida Statut nstruction Industry Licensing Board			ricane mitigation	
	ified under Section 468.607, Florida				
	tial contractor licensed under Sectio				
	ed under Section 471.015, Florida S				
	ed under Section 481.213, Florida S				
	ty recognized by the insurer as possed Section 627.711(2), Florida Statute		tions to properly complete a u	niform mitigation	
	sed contractors licensed under				
	da Statues, must inspect the st				
	<u>• s.489.111 may authorize a dir</u> gation verification inspection.	ect employee who posses	ses the requisite skill, kno	owledge, and	
DEBORAH SIEBERN			. 1 4		
1, (print name)	am a qualified inspector	and I personally perform	led the inspection or (<i>licen</i>	isea	
u /	<i>engineers only</i>) I had my empl) perform the inspected of the inspector)	ction	
and I agree to be responsibl	e for his/her work.	(print nam	e of inspector)		
Qualified Inspector Signatur	re: Debour Sieb	Date: JAN	IUARY 30, 2020		
	knowingly or through gross no ne Florida Division of Insuranc				
	y or to criminal prosecution. (S				
certifies this form shall be di performed the inspection.	rectly liable for the misconduc	ct of employees as if the a	uthorized mitigation insp	ector personally	
	I certify that the named Qualifie				
residence identified on this form and that proof of identification was provided to me or my Authorized Representative.					
Signature:	Kith Rfridge	Date: JANUARY 30, 2	020		
	knowingly provides or utters a				
	on an insurance premium to w	which the individual or en	tity is not entitled commi	ts a misdemeanor	
of the first degree. (Section 6	27.711(7), Florida Statutes)				
The definitions on this form as offering protection from h	are for inspection purposes or nurricanes.	nly and cannot be used to	certify any product or co	onstruction feature	
Inspectors Initials <u>DKS</u> Pro	operty Address_5274, 5276, 527	8, 5280 CYPRESS CT - BLDC	G 49 ORLANDO	FL 32811	
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ADDRESS VERIFICATION



ROOF - CONCRETE WITH TPO COVERING



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MANSARD WALLS REPLACED 2018