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-58			Contact Person: KEITI	H KIEBZAK	
	,,		Home Phone:		
City: ORLANDO	Zip: 32811			82-2622	
County: ORANGE	FL		Cell Phone:		
Insurance Company:		Policy #:			
Year of Home: 1986	# 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. Building Code: Was the structure built the HVHZ (Miami-Dade or Broward cou A. Built in compliance with the FBC a date after 3/1/2002: Building Perm B. For the HVHZ Only: Built in comprovide a permit application with a comprovide and the structure built in confidence of the structure built in the structure built built in the structure built in the structure built built in the	Inties), South Florida Brain Strain Strain Strain Brailt it Application Date (MM) ppliance with the SFBC late after 9/1/1994: Built	uilding Code (SFBC-9 . For homes built in 2 DD/YYYY)// -94: Year Built lding Permit Application	4)? 2002/2003 provide a peri For homes built in 19	mit application with 94, 1995, and 1996	
C. Unknown or does not meet the re	quirements of Answer "	'A" or "B"			
2. Roof Covering: 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					
					
4. Built Up				Ħ	
5. Membrane				H	
	/			H	
6. Other					
 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 wee A. Plywood/Oriented strand board (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 attalong the edge and 12" s, nails, adhesives, otheor Options B or C below th a minimum thickness spaced a maximum of frafter spacing that is sh	ached to the roof truss in the fieldOR- Batter deck fastening system. s of 7/16"inch attached 12" inches in the field. own to have an equiva	ten decking supporting varieties to the roof truss/rafter (sOR- Any system of scrulent or greater resistance	wood shakes or wood that has an equivalent spaced a maximum of ews, 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 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 5340, 5342, 5344, 5346 BAMBOO CT - BLDG 58 ORLANDO FL 32811					

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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 least 182 psf.
\checkmark	D. Reinforced Concrete Roof Deck.
	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
_	vof to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within eet 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
Mi	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 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.
\checkmark	E. Structural Anchor bolts structurally connected or reinforced concrete roof.
	F. Other:
	G. Unknown or unidentified
	H. No attic access
	<u>oof 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 chost 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>	 condary Water Resistance (SWR): (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
\Box	dwelling from water intrusion in the event of roof covering loss. B. No SWR.
	C. Unknown or undetermined.
Inspec	ctors Initials DKS Property Address 5340, 5342, 5344, 5346 BAMBOO CT - BLDG 58 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 5340, 5342, 5344, 5346 BAMBOO CT - BLDG 58 32811 **ORLANDO** FL

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N. Exterior Opening Protection (unverified shutter's protective coverings not meeting the requirements of An with no documentation of compliance (Level N in the tan N.1 All Non-Glazed openings classified as Level A, B, C, on N.2 One or More Non-Glazed openings classified as Level	nswer "A", "B", or C" on the above). Or N in the table above, or n	r systems that appear to meet Answer "A" or "B" no Non-Glazed openings exist
table above N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above	
X. None or Some Glazed Openings One or more Glazed		nd Level X in the table above.
MITIGATION INSPECTIONS MUST B	DE CEDTIFIED DV 4 O	UALIEIED INCDECTOD
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 Statutt training 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 Statute Professional architect licensed under Section 481.213, Florida Statute Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute	es who has completed the s and completion of a profic Statutes. 1 489.111, Florida Statutes tatutes. tatutes. ssing the necessary qualification.	iency exam.
(print name) contractors and professional engineers only) I had my emplo	ructures personally and ect employee who poss and I personally perfor	d not through employees or other persons.
and I agree to be responsible for his/her work. Qualified Inspector Signature:	••• •• JA	NUARY 30, 2020
Qualified Inspector Signature:	مارخ	
An individual or entity who knowingly or through gross ne subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduction performed the inspection.	e Fraud and may be su ection 627.711(4)-(7), I	bject to administrative action by the Florida Statutes) The Qualified Inspector who
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification. Signature:		my Authorized Representative.
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.	ly and cannot he used :	to cortify any product or construction footure
D1/0	ly and cannot be used	to certify any product of construction feature
Inspectors Initials DKS Property Address 5340, 5342, 5344		

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

inaccuracies found on the form.



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