Uniform Mitigation Verification Inspection Form

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

Inspection Date: FEBRUARY 1, 2025							
Owner Information							
Owner Name: MIDDLEBROOK PINES CONDOS CASE#: 20250201-WMIR-11			Contact Person: KEITH	ł KIEBZAK			
Address: 5267, 5269, 5271, 5273 MIDDLE CT - BLDG 11			Home Phone:				
City: ORLANDO	Zip: 32811			32-2622			
County: ORANGE	FL		Cell Phone:				
Insurance Company:	Insurance Company:		Policy #:				
Year of Home: 1986	# of Stories: 2		Email: KLMGMTGRO	DUP@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 of the structure built in the structure built in the HVHZ Only: Built in comprovide a permit application with a comprovide and the structure built in the st	Inties), South Florida B C: Year Built	uilding Code (SFBC- For homes built in //DD/YYYY)//_ Z-94: Year Built	94)? 1 2002/2003 provide a perr ———————————————————————————————————	mit application with 94, 1995, and 1996			
C. Unknown or does not meet the re-	quirements of Answer	"A" or "B"					
 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	_/						
□				$\overline{\Box}$			
4. Built Up				H			
				H			
5. Membrane 6. Other Concrete/TPO 8/28	/						
6. Other 6.							
 ✓ 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 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 thicknes spaced a maximum of trafter spacing that is sl	tached to the roof trust in the fieldOR- Baser deck fastening system. s of 7/16"inch attaches in the field nown to have an equivalent.	tten decking supporting were or truss/rafter spacing to d to the roof truss/rafter (s.dOR- Any system of screwalent or greater resistance	yood shakes or wood hat has an equivalent paced a maximum of ews, nails, adhesives,			
C. Plywood/OSB roof sheathing wir 24"inches o.c.) by 8d common nails							
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 5267, 5269, 5271, 5273 MIDDLE CT - BLDG 11 ORLANDO FL 32811							
Inspectors Initials Property Address	SS 3201, 3209, 3211, 521	3 WIIDDLE CT - BLUGT	1 ORLANDO				

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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.
✓	D. Reinforced Concrete Roof Deck.
	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
	Soft 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
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 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.
Ļ	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 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.
✓	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 dwelling from water intrusion in the event of roof covering loss.
√	B. No SWR.C. Unknown or undetermined.
Inspe	ctors Initials DKS Property Address 5267, 5269, 5271, 5273 MIDDLE CT - BLDG 11 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 Glass **Fntrv** 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) Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) c 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 N Other protective coverings that cannot be identified as A, B, or C X 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 5267, 5269, 5271, 5273 MIDDLE CT - BLDG 11 32811 **ORLANDO** FL

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N. Exterior Opening Protection (unverified shutter s			
protective coverings not meeting the requirements of Ai with no documentation of compliance (Level N in the ta		stems that appear to meet Answer "A" or "I	3"
N.1 All Non-Glazed openings classified as Level A, B, C, o	r N in the table above, or no N	on-Glazed openings exist	
N.2 One or More Non-Glazed openings classified as Level 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	ed openings classified and L	evel X in the table above.	
MITIGATION INSPECTIONS MUST B	E CERTIFIED BY A QUAL	LIFIED INSPECTOR.	
Section 627.711(2), Florida Statutes, provi	ides a listing of individuals	who may sign this form.	
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 Statute training approved by the Construction Industry Licensing Board	es who has completed the statu		
Building code inspector certified under Section 468.607, Florida	Statutes.		
General, building or residential contractor licensed under Section	489.111, Florida Statutes.		
Professional engineer licensed under Section 471.015, Florida St	atutes.		
Professional architect licensed under Section 481.213, Florida St	atutes.		
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ons to properly complete a uniform mitigation	
Individuals other than licensed contractors licensed under	Section 489.111. Florida S	tatutes, or professional engineer licensed	
under Section 471.015, Florida Statues, must inspect the str			
Licensees under s.471.015 or s.489.111 may authorize a dire	ect employee who possesse	s the requisite skill, knowledge, and	
experience to conduct a mitigation verification inspection.			
I, DEBORAH SIEBERN am a qualified inspector a	nd I personally performed	d the inspection or (licensed	
contractors and professional engineers only) I had my emplo	ovee () perform the inspection	
	(print name		
and I agree to be responsible for his/her work.			
Qualified Inspector Signature:	سيد Date: FEBF	RUARY 1, 2025	
An individual or entity who knowingly or through gross ne	aliganga providas a falsa a	r fraudulant mitigation varification form	ic
subject to investigation by the Florida Division of Insurance			15
appropriate licensing agency or to criminal prosecution. (S			0
certifies this form shall be directly liable for the misconduc			_
performed the inspection.			
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	I Inspector or his or her emp	ployee did perform an inspection of the Authorized Representative.	
Signature: Inthe Royal I	FEBRUARY 1, 20	25	
Signature:	Jate:		
An individual or entity who knowingly provides or utters a	false or fraudulent mitiga	tion verification form with the intent 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 c	ertify any product or construction feature	e
Inspectors Initials DKS Property Address 5267, 5269, 5271	, 5273 MIDDLE CT - BLDG 11	ORLANDO FL 32811	
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inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

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ADDRESS VERIFICATION



ROOF - CONCRETE WITH TPO COVERING



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