Uniform Mitigation Verification Inspection Form

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

Inspection Date: 2/18/2020						
Owner Information						
Owner Name: Par 4 Association			Contact Person:	Contact Person:		
Address: 4258 27th Ct SW			Home Phone:			
City: Naples	Zip: 34116		Work Phone:			
County: Collier			Cell Phone:			
Insurance Company:			Policy #:			
Year of Home: 1985	# of Stories: 2		Email:			
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.						
 Building Code: Was the structure but the HVHZ (Miami-Dade or Broward of A. Built in compliance with the F a date after 3/1/2002: Building Pe B. For the HVHZ Only: Built in comprovide a permit application with C. Unknown or does not meet the Roof Covering: Select all roof covering: 	BC: Year Built ermit Application Date (M) compliance with the SFB (a date after 9/1/1994: Bu requirements of Answer	Building Code (SFBC- For homes built in M/DD/YYYY)	94)? n 2002/2003 provide a peri	nit application with 94, 1995, and 1996 ———— act Approval number		
OR Year of Original Installation/Repl covering identified.				No Information		
Per 2.1 Roof Covering Type:	mit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	Provided for Compliance		
1. Asphalt/Fiberglass Shingle						
2. Concrete/Clay Tile 8/1	2/2019					
3. Metal						
✓ 4. Built Up 8/1	2/2019			H		
5. Membrane 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	•		В".			
D. No roof coverings meet the requirements of Answer "A" or "B".						
3. Roof Deck Attachment : What is the	weakest form of roof dec	ck 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 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 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- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent						
Inspectors Initials RM Property Add	ress 4258 27th Ct SW					

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	or greater resi 182 psf.	stance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at leas
	-	d Concrete Roof Deck.
	E. Other:	
	F. Unknown	or unidentified.
	G. No attic ac	ccess.
5 fee	et of the inside	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e 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
Min	imal conditio	ns 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
	C. Single Wr	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 W	•• •
	D. Double W	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 F. Other:	Anchor bolts structurally connected or reinforced concrete roof.
	G. Unknown	or unidentified
	H. No attic ac	ccess
		What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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 Roo	
	A. SWR (also sheathing dwelling f B. No SWR.	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		or undetermined.
Inspect	ors Initials <u>R</u>	Property Address 4258 27th Ct SW
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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 Entry 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. 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) 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 Ν Other protective coverings that cannot be identified as A, B, or C No Windborne Debris Protection Х 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 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 4258 27th Ct SW Inspectors Initials _____ Property Address_

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protective coverings not meetin		documentation) All Glazed openings are protected with or C" or systems that appear to meet Answer "A" or "B"		
	assified as Level A, B, C, or N in the table abo	ove onne Nen Clered enemines eviet		
		ve, and no Non-Glazed openings classified as Level X in the		
N.3 One or More Non-Glazed op	penings is classified as Level X in the table ab	ove		
X. None or Some Glazed Open	nings One or more Glazed openings class	sified and Level X in the table above.		
	INSPECTIONS MUST BE CERTIFIED), Florida Statutes, provides a listing of i			
Qualified Inspector Name: John Ryan Mercer	License Type: GC	License or Certificate #: CGC1512462		
Inspection Company: DRH Inspections		Phone: 239-348-5172		
•	n activa licansa as a: (chack ana)	200 040 0172		
Oualified Inspector — I hold an active license as a: (check one) Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam. 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 Statutes. Professional architect licensed under Section 481.213, Florida Statutes. Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes. Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection. I, Ryan Mercer am a qualified inspector and I personally performed the inspection or (licensed (print name) contractors and professional engineers only) I had my employee (Ryan Mercer persons perform the inspection (print name of inspector) and I agree to be responsible for his/her work. Qualified Inspector Signature:				
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who				
performed the inspection.	able for the misconduct of employees a	as if the authorized mitigation inspector personally		
	that the named Qualified Inspector or his hat proof of identification was provided to	s or her employee did perform an inspection of the o me or my Authorized Representative.		
Signature:	Date:			
	surance premium to which the individ	lent mitigation verification form with the intent to ual or entity is not entitled commits a misdemeanor		
The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.				
Inspectors Initials RM Property Address 4258 27th Ct SW				
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