Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy Inspection Date: 12/06/2023

Owner Information					
Owner Name:		Contact Person:			
Address:		Home Phone:			
City:	Zip:	Work Phone:			
County: Broward		Cell Phone:			
Insurance Company: Policy #:					
Year of Home: 1993	# of Stories: 1	Email:			
accompany this form. At least one photo	lating the compliance or existence of each graph must accompany this form to validal questions regarding the mitigated featur	te each attribute marked in questions 3			
	in compliance with the Florida Building Co Broward counties), South Florida Building C				
	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/YYYY)/				
	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				
	requirements of Answer "A" or "B"				
	ng types in use. Provide the permit application/Replacement OR indicate that no informa	tion was available to verify compliance for			
2.1 Roof Covering Type	Permit Application FBC or MDC Date Product Approve	Installation or Provided for			
1. Asphalt/Fiberglass Shingle					
2. Concrete/Clay Tile					
✓ 3. Metal	<u>05/25/2005</u>	2006			
4. Built Up					
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.				
\square C. One or more roof coverings do	not meet the requirements of Answer "A" or	"B".			
\Box D. No roof coverings meet the req	uirements of Answer "A" or "B".				
3. Roof Deck Attachment: What is the w	eakest 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 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 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					
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	o five (5) years provided no material change				

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		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:						
			runidentified				
4.		Roof to Wall Attachment: 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 Nail					
			russ/rafter anchored to top pla ne top plate of the wall, or	te of wall using nails driven at an angle through the truss/rafter and attached to			
			letal connectors that do not m	eet the minimal conditions or requirements of B, C, or D			
	Mi	nimal cond	ons to qualify for categories	B, C, or D. All visible metal connectors are:			
		\checkmark	ecured to truss/rafter with a mi	nimum of three (3) nails, and			
		~		f the wall framing, or embedded in the bond beam, with less than a 1/2" gap and blocked no more than 1.5" of the truss/rafter, and free of visible severe			
		B. Clips					
			letal connectors that do not w	rap over the top of the truss/rafter, or			
			Ietal connectors with a minim	um of 1 strap that wraps over the top of the truss/rafter and does not meet the or D, but is secured with a minimum of 3 nails.			
	✓	C. Single V	ps				
	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.						
		D. Double '	aps				
☐ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secur 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 both sides, and is secured to the top plate with a minimum of three nails on each side.							
		E. Structura	Anchor bolts structurally conn	ected or reinforced concrete roof.			
		F. Other					
		G. Unknow	or unidentified				
		H. No attic	cess				
5.	wal	Roof Geometry: 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 Ro		roof shapes greater than 10% of the total roof system perimeter. features: 0 feet; Total roof system perimeter: 289 feet			
		B. Flat Ro	Č	5 or more units where at least 90% of the main roof area has a 2:12. Roof area with slope less than 2:12sq ft; Total roof			
		C. Other R	f Any roof that does not qu	nalify as either (A) or (B) above.			
6	Sec	ondary Wat	Resistance (SWR): (standard	underlayments or hot-mopped felts do not qualify as an SWR)			
٠.		-		If-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 p the dwelling from water intrusion in the event of roof covering loss.						
	☑ B. No SWR.						
		C. Unknow	or undetermined.				
I	nspe	ctors Initials	CG Property Ac	ldress			

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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.

Opening Protection Level Chart

Glazed Openings

Non-Glazed
Openings

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				Glazed nings
			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure			Х	Х	Х	Х
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	Х	Х				
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						
	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						
	 Florida Building Code Testing Application Standard (*) American Society for Testing and Materials (ASTM) E 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 A 2 One or More Non-Glazed openings classified as Level D in the 	1886 <u>and</u> r no Non-C	ASTM I	E 1996 penings e		nenings	
 A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glaze 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 exist 				•	cilligs		
 B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris p devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirement 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.) 					ris prote ments o	ction	
	B.1 All Non-Glazed openings classified as A or B in the table about			-	-		
	B.2 One or More Non-Glazed openings classified as Level D in the	e table abo	ove, and	no Non-G	lazed op	enings	

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□ 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

☐ B.3 One or More Non-Glazed openings is classified as Level C, 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

classified as Level C, N, or X in the table above

classified as Level N or X in the table above

				cumentation) All Glazed openings are protect B", or C" or systems that appear to meet Answ	
	"A" or "B" with no documentati				vei
	□ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist				
	•			able above, and no Non-Glazed openings	
	classified as Level X in the	· •		, , , , , ,	
	□ N.3 One or More Non-Glaze	ed openings is classified as Lev	el X in the	table above	
	X. None or Some Glazed Openi	ngs One or more Glazed openi	ngs classifi	ied and Level X in the table above.	
	-				
				BY A QUALIFIED INSPECTOR.	
Ovalifia	Section 627.711(2), Flori	License Type:	ting of in	License or Certificate #:	
Keit	h Curotz	License Type.		Liteense of Certificate #.	
	on Company: ar2Close Home Inspection			Phone: 305.323.7627	
Qua	lified Inspector - I hold an a	active license as a: (check	one)		
\checkmark	Home inspector licensed under Section training approved by the Construction			ed the statutory number of hours of hurricane mitigate proficiency exam.	ation
	Building code inspector certified under	· ·	-	•	
	General, building or residential contra	actor licensed under Section 489.11	1, Florida St	tatutes.	
	Professional engineer licensed under	Section 471.015, Florida Statutes.			
	Professional architect licensed under	•			
	Any other individual or entity recogn verification form pursuant to Section		e necessary	qualifications to properly complete a uniform mitig	ation
I,and p be res	Keith Curotz am a qualified (print name) rofessional engineers only) I had sponsible for his/her work. fied Inspector Signature:	t a mitigation verification instance to a mitigation verification instance of the content of the	pection. performed to the state of the stat	12/06/2023	
form the ap Inspe	is subject to investigation by the opropriate licensing agency or to	Florida Division of Insurance o criminal prosecution. (Section be directly liable for the miss	e Fraud and on 627.711	a false or fraudulent mitigation verification and may be subject to administrative action by the America of the authorized mitigation of the America of the	
Home	eowner to complete: I certify that	the named Qualified Inspector	r or his or h	ter employee did perform an inspection of the	e
reside	residence identified on this form and that proof of identification was provided to me or my Authorized Representative.				
Signa	ture:	Date:	12/06/202	23	
obtai		urance premium to which the	individual	t mitigation verification form with the inter l or entity is not entitled commits a	nt to
	definitions on this form are for in re as offering protection from h		annot be u	used to certify any product or construction	
Insp	ectors Initials CG	Property Address			
	s verification form is valid for up	to five (5) years provided no	material ch	hanges have been made to the structure or	

Photos

Photos

 Permit #: 06-04797

 Permit Type:
 ROOFING

 Work class:
 RRRF: BLDG-RE-ROOF RESIDENTIAL

 Job Cost:
 \$ 50,120.00

Status date: May 24, 2006 Status date: May 24, 2006











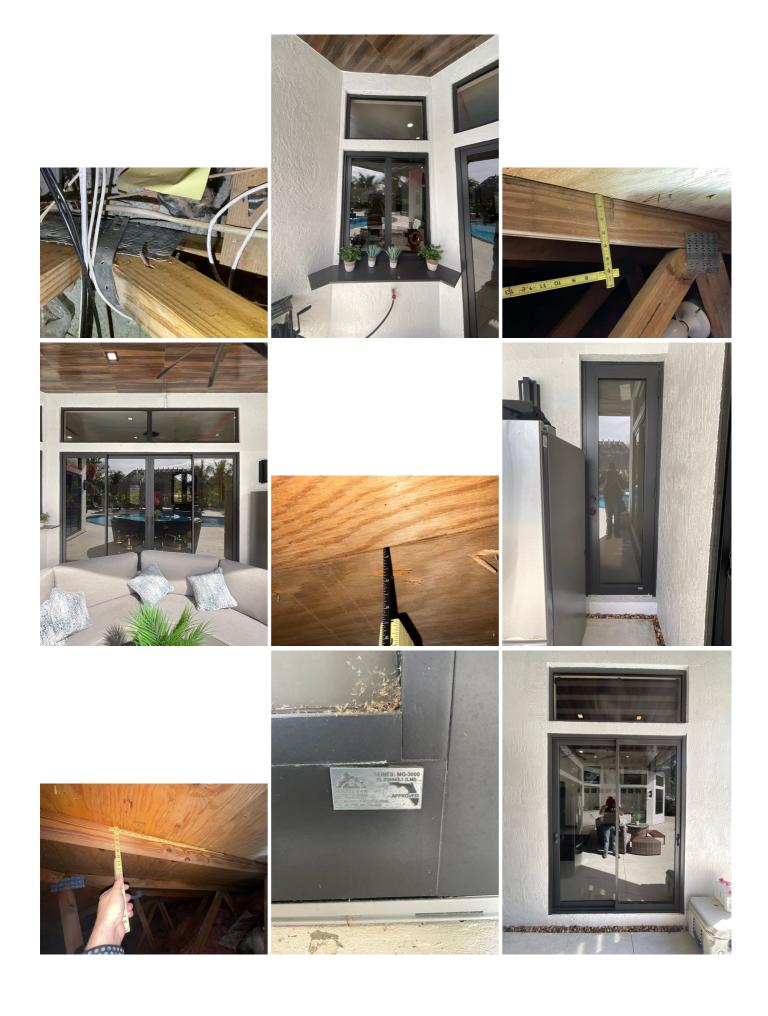




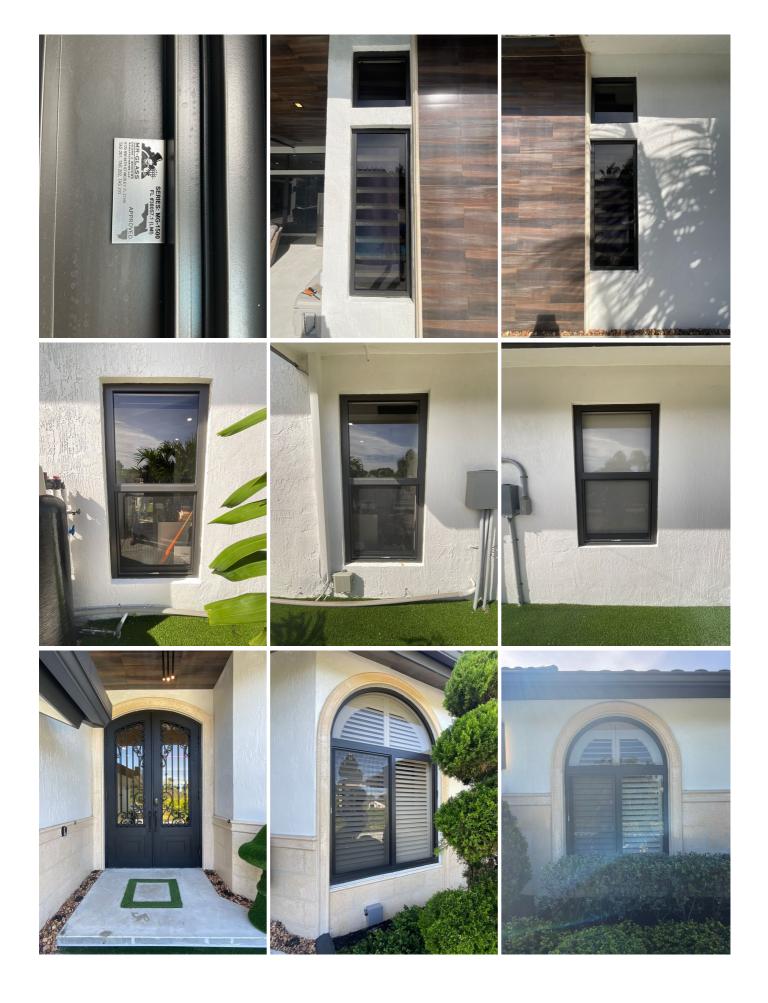


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