## Uniform Mitigation Verification Inspection Form

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

Inspection Date: 04/01/2015		
Owner Information		
Owner Name: JACK AND JANE SMI	ТН	Contact Person:
Address: 123 OAK STREET		Home Phone:
City: SARASOTA	Zip: 34243	Work Phone:
County: MANATEE		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 2012	# of Stories: 1	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.

- 1. Building Code 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)?
  - **X** A. Built in compliance with the FBC: Year Built <u>2012</u>. 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 (MM/DD/YYYY)
  - C. Unknown or does not meet the requirements 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.

2.1 Roof Covering Type:	Permit 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	DEC 21, 2011		2011	
3. Metal				
4. Built Up				
5. Membrane				
6. Other:				

- X 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 weakes 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 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
  - **X** 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-Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent SARASOTA

Inspectors Initials MK Property Address 123 OAK STREET

#### \*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155

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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.

4. **Roof to Wall Attachment** What is the **WEAKEST** 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 the top plate of the wall, or

Metal connectors that do not meet the minimal conditions or requirements of B, C, or

#### 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) nailsand
- X Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a <sup>1</sup>/<sub>2</sub>" gap from the blocking or truss/rafte**and** blocked no more than 1.5" of the truss/rafte**and** free of visible severe corrosion.

	Β.	Clips
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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.

**X** 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. **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 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
     A. Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. \_\_\_\_\_\_feet
     Total length of non-hip features: \_\_\_\_\_\_feet; Total roof system perimeter: \_\_\_\_\_\_feet
     B. Flat Roof
     C. Other Roof
     Any roof that does not qualify as either (A) or (B) above.
    - C. Other Roof Any roof that does not qualify as either (A) or (B) above.
- 6. **Secondary 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.

**X** C. Unknown or undetermined.

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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.

<b>Opening Protection Level Chart</b> 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		X	X	X	X	
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	X					X
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						
N	Other protective coverings that cannot be identified as A, B, or C		İ				
х	No Windborne Debris Protection		İ				

**A. Exterior Openings Cyclic Pressure and 9-Ib 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, <u>and</u> 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

X 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

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N. Exterior Opening Protection (unveri				
protective coverings not meeting the re with no documentation of compliance			tems tl	hat appear to meet Answer "A" or "B"
N.1 All Non-Glazed openings classified as	. ,		-Glazed	openings exist
N.2 One or More Non-Glazed openings classified as				
table above Non-Glazed openings is	classified as Lovel V in the tabl	a abaya		
X. None or Some Glazed Openings	ne or more Glazed opening	s classified and	Level	X in the table above.
<i>MITIGATION INSPECT</i> Section 627.711(2), Florido	TIONS MUST BE CERTIF a Statutes, provides a listin			
Qualified Inspector Name: Michael Koester	License Type:	Home Inspe	ctor	License or Certificate #: HI-8530
Inspection Company: Direct Inspections			Phone:	(941) 251-1000
Qualified Inspector – I hold an active	e license as a : (check	one)		
(print name) contractors and professional engineers only) and I agree to be responsible for his/her we Qualified Inspector Signature:	stry Licensing Board and comp n 468.607, Florida Statutes. nsed under Section 489.111, Fl 471.015, Florida Statutes. 481.213, Florida Statutes. the insurer as possessing the ne 1(2), Florida Statutes. <b>Silicensed under Section 4</b> <b>Atutes, must inspect the statutes</b> <b>or s.489.111 may authoriz</b> <b>hitigation ver</b> ification insp <b>ied inspector and I person</b> I had my employee ( ork.	orida Statutes. Accessary qualificat <b>39.111, Florida</b> <b>cructures perso</b> <b>e a direct empl</b> <b>bection.</b> <b>ally performed</b> <b>name of inspec</b>	iency ex ions to Statur onally a oyee v d the ir ) r :tor)	properly complete a uniform mitigation tes, or professional engineer and not through employees or who possesses the requisite skill, hspection or ( <i>licensed</i> perform the inspection
An individual or entity who knowingly or the is subject to investigation by the Florida Div				
appropriate licensing agency or to criminal				
who certifies this form shall be directly liable				
personally performed the inspection.				
Homeowner to complete I certify that the residence identified on this form and that proo				
Signature:	Date:			
An individual or entity who knowingly prov obtain or receive a discount on an insuranc	e premium to which the in	ndividual or en		
misdemeanor of the first degree. (Section e	627.711(7), Florida Statut	es)		
The definitions on this form are for inspect feature as offering protection from hurrica		not be used to	o certif	y any product or construction
Inspectors Initials <u>MK</u> Property Address_	123 OAK STREET		SA	RASOTA
*This verification form is valid for up to five inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule		terial changes	have l	been made to the structure or



FRONT ELEVATION



LEFT ELEVATION



**RIGHT ELEVATION** 



BACK – ROOF WAS FULL HIP IN SHAPE

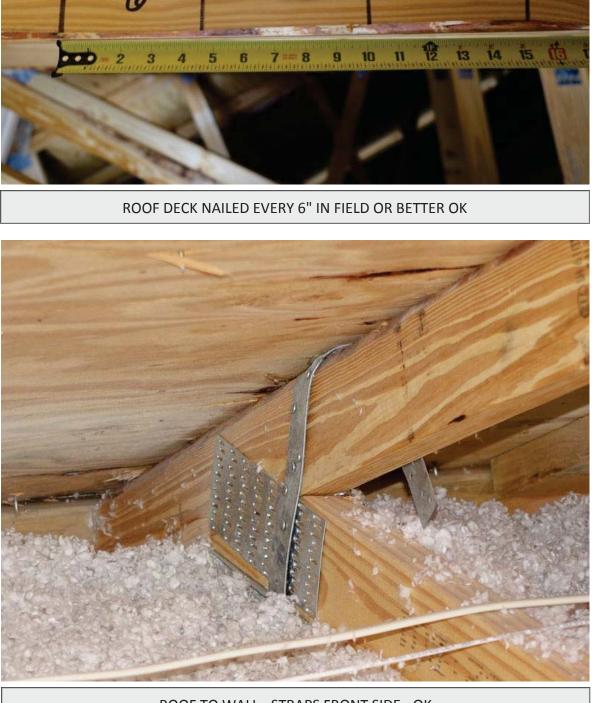


**8D RING SHANK NAILS** 



NAIL FINDER







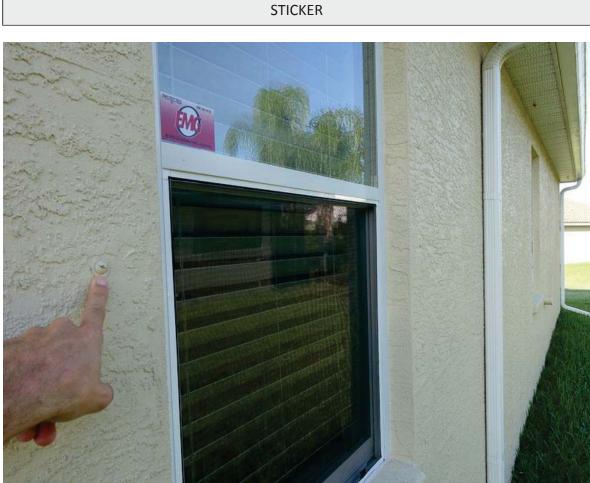


ROOF TO WALL - STRAPS BACK SIDE - OK



HURRICANE BRACED GARAGE DOOR OK







MODELS 5120/5140/6100/9100/94

# SARASOTA / MANATEE (941) 371-7242

FBC/TDI

APPROVAL



ALL EXTERIOR OPENINGS WERE HURRICANE PROTECTED



**METAL SHUTTERS** 



COMPLIANCE STICKER

12540.2	Corrugated Galvanized Steel Storm Panel
	ise in HVHZ: No ise outside HVHZ: Yes ant: Yes
Design Pressu Other: Please s	