Uniform Mitigation Verification Inspection Form opy of this form and any documentation provided with the insu

Inspection Date:	of this form and any	documentation prov	vided with the insurance	ce poncy
Owner Information				
Owner Information Owner Name:			Contact Person:	
Address:			Home Phone:	
City:	Zip:		Work Phone:	
County:	Σip.		Cell Phone:	
Insurance Company:			Policy #:	
Year of Home:	# of Stories:		Email:	
NOTE: Any documentation used in accompany this form. At least one p though 7. The insurer may ask addi	hotograph must accom	pany this form to valid	date each attribute marke	ed in questions 3
1. <u>Building Code</u> : Was the structure the HVHZ (Miami-Dade or Browa	rd counties), South Flori	da Building Code (SFBC	C-94)?	
☐ A. Built in compliance with the a date after 3/1/2002: Building	Permit Application Date	e (MM/DD/YYYY)/	<u></u>	
☐ B. For the HVHZ Only: Built i provide a permit application w	ith a date after 9/1/1994:	: Building Permit Applic		
☐ C. Unknown or does not meet	the requirements of Ansv	wer "A" or "B"		
2. Roof Covering: Select all roof cov OR Year of Original Installation/R 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				
3. Metal				
4. Built Up	//			
5. Membrane	//			
6. Other	/			
☐ A. All roof coverings listed about installation OR have a roofing				
☐ B. All roof coverings have a M roofing permit application afte				
☐ C. One or more roof coverings	•		"B".	
\Box D. No roof coverings meet the	requirements of Answer	"A" or "B".		
3. Roof Deck Attachment : What is t	he weakest form of roof	deck attachment?		
☐ A. Plywood/Oriented strand be by staples or 6d nails spaced a shinglesOR- Any system of mean uplift less than that requi	at 6" along the edge and screws, nails, adhesives,	12" in the fieldOR- I other deck fastening sys	Batten decking supporting	wood shakes or wood
☐ B. Plywood/OSB roof sheathir 24"inches o.c.) by 8d common other deck fastening system or a maximum of 12 inches in the	nails spaced a maximur truss/rafter spacing that	n of 12" inches in the figure is shown to have an equ	eldOR- Any system of sc uivalent or greater resistance	rews, nails, adhesives,
 C. Plywood/OSB roof sheathir 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a 	nails spaced a maximum nails per board (or 1 nai	m of 6" inches in the field per board if each board	eldOR- Dimensional lum d is equal to or less than 6	ber/Tongue & Groove inches in width)OR-
Inspectors Initials <u>M</u> Property A	ddress			

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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 leas 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within et 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	imal 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 nat 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 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.		of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall on 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 Any roof that does not qualify as either (A) or (B) above.
6.	Sec	 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.
In	spec	fors Initials Property Address
*T	his '	rerification form is valid for up to five (5) years provided no material changes have been made to the structure or

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inaccuracies found on the form.

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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	
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.		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						
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)						
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						
IN	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

☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

- 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.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
\square 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
\square 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

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

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

 \square C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

Inspectors Initials Property Address

the table above

inaccuracies found on the form.

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N. Exterior Opening Protection (unverified shutter) protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the transfer of the compliance).	nswer "A", "B	o docur ", or C"	nentation) A or systems th	Il Glazed opening at appear to meet	gs are protected with Answer "A" or "B"
N.1 All Non-Glazed openings classified as Level A, B, C,		above or	no Non Glaza	d ananings avist	
N.2 One or More Non-Glazed openings classified as Level table above		A CONTRACTOR			d as Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	vel X in the table	ahove			
X. None or Some Glazed Openings One or more Glaz	100		and Level X	in the table above	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov					
Qualified Inspector Name: Steven Rosenbaum	License Type:	Engin	eering	License or Certificate	49307
Insight Inspections			Phone:	(941) 224-9	9030
Qualified Inspector - I hold an active license as a	: (check on	e)			
Home inspector licensed under Section 468.8314, Florida Statut 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 S Professional architect licensed under Section 481.213, Florida S Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute	a And completion a Statutes. on 489.111, Florid statutes. statutes. essing the necess	of a profi	ciency exam.		
Individuals other than licensed contractors licensed under under Section 471.015, Florida Statues, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection. I, Steven Rosenbaum am a qualified inspector a (print name) contractors and professional engineers only) I had my emploand I agree to be responsible for his/her work. Qualified Inspector Signature:	ructures perso rect employee and I personal oyee	onally ar who pos	sesses the remed the ins	gh emplovees or quisite skill, kno pection or (licen rform the inspec	other persons. wledge, and
An individual or entity who knowingly or through gross ne	egligence provi	des a fa	lse or fraudi	lent mitigation	verification form is
subject to investigation by the Florida Division of Insurance	e Fraud and n	nay be s	ubject to ad	ministrative actio	on by the
appropriate licensing agency or to criminal prosecution. (S	ection 627.711	(4)-(7),	Florida Stat	utes) The Qualifi	ed Inspector who
certifies this form shall be directly liable for the misconduc	t of employees	as if th	e authorized	mitigation inspe	ctor personally
performed the inspection.					
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification Signature:	d Inspector or he on was provided Date: Ma	to me o	employee di r my Authori	id perform an insp zed Representativ	pection of the
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	be used	to certify an	y product or con	struction feature
Inspectors Initials Property Address 2	506-2508-251	0-2512	Fairway Oa	ıks Dr.	
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	ided no mater	ial chan	ges have bee	en made to the st	ructure or

2506-2508-2510-2512







8d nails verified



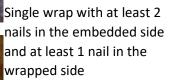
Nail location verified

2506-2508-2510-2512



6" spacing in the field







operty Owner: \	WESTERGREEN, DOR	OTHY		
Summary Information	า			
> 4 Inspection(s) Found				
Permit Information				Amount Due
	-			Permit - Building \$0.0
Number	P090139	Category	REROOF	Total
Туре	Building	Status	FINALED	
Applied Date	03/06/2009	Expire Date	09/13/2009	
Issue Date	03/09/2009	Finaled Date	03/17/2009	
Square Footage	0	Construction Value	\$4,400	
Use Groups	No Data to Display	Occupancy Load	0	
Work Description	REROOF / PEEL & STIC	CK DRY IN / 30 YR GAF		
Stipulations	No Data to Display	lack		

reference only and WITHOUT WARRANTY of any kind, expressed or inferred. Please contact your local municipality if you believe there are errors in the data.

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SWR documentation