Uniform Mitigation Verification Inspection Form

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

Inspection Date:	5-8-2014		,	provided	TYACIT CITO MILITA	Turio porto j
Owner Information			-		***************************************	
Owner Name:	Porpoise Bay Villas	Condo Associat	ion	(Contact Person:	
Address: 300 Harbo	our Dr. #105			F	Iome Phone:	
City: Vero Beac	:h	Zip: 32963		V	Vork Phone:	
County: Indian River				(Cell Phone:	
Insurance Company:				P	olicy #:	
Year of Home:	1979	# of Stories: 2		E	imail:	•
accompany this form. though 7. The insurer	At least one photog may ask additional	raph must accor questions regar	npany this form to ding the mitigated	validate e feature(s)	ach attribute m verified on this	s form.
the HVHZ (Miami-I	Dade or Broward cou pliance with the FBC	nties), South Flor : Year Built	rida Building Code (For homes	(SFBC-94) s built in 20	?	r) OR for homes located in e a permit application with
a date after 3/1/2	2002: Building Perm	it Application Da	ite (MM/DD/YYYY) /	/		
provide a permi	t application with a o	late after 9/1/199	4: Building Permit A	lt Application	For homes buil Date (MM/DD/YYY	t in 1994, 1995, and 1996
	does not meet the re-					
						Product Approval number impliance for each roof
2.1 Roof Covering Type		pplication ate	FBC or MDC Product Approval #	Year	of Original Installation o Replacement	No Information Provided for Compliance
1. Asphalt/Fiberglas	s Shingle 5, 1	9 2005 pe	rmit #2005052050		2005	
2. Concrete/Clay Til	e	/				
3. Metal		/				
4. Built Up						
5. Membrane		/				
6. Other		1				
-				_		
installation OR I □ B. All roof cover roofing permit a	ings have a Miami-l oplication after 9/1/1	application date Dade Product App 994 and before 3.	on or after 3/1/02 Coroval listing current 11/2002 OR the roof	OR the roof t at time of is original	is original and l installation OR	built in 2004 or later. (for the HVHZ only) a
	oof coverings do not			A" or "B".		
□ D. No roof cover	ings meet the require	ements of Answer	"A" or "B".			
3. Roof Deck Attachm	ent: What is the wea	kest form of root	deck attachment?			
by staples or 6d shinglesOR- A mean uplift less	nails spaced at 6" al ny system of screws, than that required fo	ong the edge and nails, adhesives, r Options B or C	12" in the fieldO other deck fastening below.	OR- Batten g system or	decking support truss/rafter spac	ximum of 24" inches o.c.) ling wood shakes or wood ling that has an equivalent
24"inches o.c.) bother deck faster	v 8d common nails s	paced a maximum rafter spacing that	n of 12" inches in that is shown to have	he fieldOl an equivale	R- Any system o ent or greater re:	ter (spaced a maximum of if screws, nails, adhesives, sistance 8d nails spaced a
C. Plywood/OSF 24"inches o.c.) be docking with a m Any system of so Inspectors Initials	B roof sheathing with y 8d common nails shinimum of 2 nails prews, nails, adhesive Property Address	a minimum thick spaced a maximu er board (or 1 nai es, other deck fast 300 Harbour I	kness of 7/16" inch at m of 6" inches in the I per board if each b tening system or true Dr. #105 Vero Beac	ttached to t e fieldOF oard is equ ss/rafter sp ch, Florida	the roof truss/raf R- Dimensional al to or less that acing that is sho	Ner (spaced a maximum of lumber/Tongue & Groove 16 inches in width), -OR-own to have an equivalent
*This verification form	is valid for up to fiv	e (5) years provi	ided no material ch	anges hav	e been made to	the structure.

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			greater resista ? psf.	ance than 8d common nails spaced a maximum of 6 inches in the field or h	as a mean uplift resistance of at least
				Concrete Roof Deck.	
			Other:		
	Ш		-	unidentified.	
	Ш	G.	No attic acce	286.	
4.	5 f	ect of	f the inside or	nment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include a routside corner of the roof in determination of WEAKEST type)	attachment of hip/valley jacks within
	X	Α.		russ/rafter anchored to top plate of wall using nails driven at an angle three top plate of the wall, or	ough the truss/rafter and attached to
				letal connectors that do not meet the minimal conditions or requirements of	of B, C, or D
	MI	nıma		to qualify for categories B, C, or D. All visible metal connectors are: ecured to truss/rafter with a minimum of three (3) nails, and	
				ttached to the wall top plate of the wall framing, or embedded in the bond	beam with less than a 1/2" can from
			th	tached to the wall top plate of the wall framing, or embedded in the bond e blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter prosion.	r, and free of visible severe
		В.	Clips		
			□ M	letal connectors that do not wrap over the top of the truss/rafter, or	(C d do the neil
			⊔ M pc	letal connectors with a minimum of 1 strap that wraps over the top of the top sition requirements of C or D, but is secured with a minimum of 3 nails.	russ/ratter and does not meet the nati
		C.	Single Wraps	S	as truss/refter and is secured with a
			m	letal connectors consisting of a single strap that wraps over the top of the inimum of 2 nails on the front side and a minimum of 1 nail on the oppose	ing side.
	П	D.	he	ps Letal Connectors consisting of 2 separate straps that are attached to the wall cam, on either side of the truss/rafter where each strap wraps over the top of minimum of 2 nails on the front side, and a minimum of 1 nail on the opp	of the truss/ratter and is secured with
			II M	letal connectors consisting of a single strap that wraps over the top of the toth sides, and is secured to the top plate with a minimum of three nails on	russ/rafter, is secured to the wall on
	Ц		Structural	Anchor bolts structurally connected or reinforced concrete roof.	
			Other: Unknown or	unidentified	
			No attic acce		
5.	Ro the	of Go	eometry: Wh	hat is the roof shape? (Do not consider roofs of porches or carports that are er unenclosed space in the determination of roof perimeter or roof area for	attached only to the fascia or wall of roof geometry classification).
	X		Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof sy	stem perimeter. ter: feet
	Ш	B.	Flat Roof	Roof on a building with 5 or more units where at least 90% of the main less than 2:12. Roof area with slope less than 2:12 sq ft; Total	Tool area has a root stope of
	Ш	C.	Other Roof	Any roof that does not qualify as either (A) or (B) above.	
6.	Sex	A.	SWR (also c	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualled Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing foam adhesive SWR barrier (not foamed-on insulation) applied as a supper mater intrusion in the event of roof covering loss.	till del la juie - Fr
		B.	No SWR.	undetermined.	
l er				Property Address 300 Harbour Dr. #105 Vero Beach, Florida	
#T	Thie	verif	lication form	is valid for up to five (5) years provided no material changes have be	en made to the structure or
in	accu	racio	es found on t	the form. (12) Adopted by Rule 69O-170.0155	Page 2 of 2

with no documentation of compliance (Level N in the table above). □ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist □ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above □ N.3 One or More Non-Glazed openings is classified as Level X in the table above
N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above
N.2. One or More New Claused enemines in admirife data Land V. d. 111.
N.3 One or More Non-Glazed openings is classified as Level X in the table above
X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.
Qualified Inspector Name: License Type: License or Certificate #: CGC017604
Inspection Company:
Qualified 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, Frank D. Hinzman am a qualified inspector and I personally performed the inspection or (licensed (print name)) perform the inspection (print name of inspector) and I agree to be responsible for his/her work. Qualified Inspector Signature: Date: 5-8-2014 An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form 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
certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.
Homeowner to complete I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form any that proof of identification was provided to me or my Authorized Representative. Signature: Date:
An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)
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 Property Address 300 Harbour Dr. #105 Vero Beach, Florida
*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155 Page 4 of 4

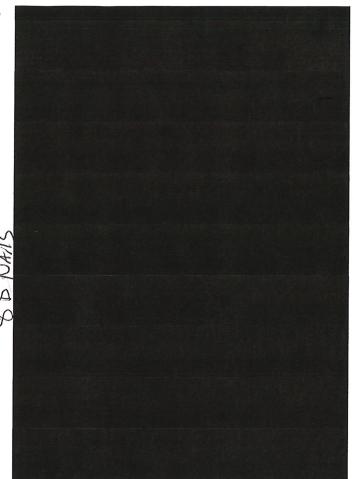


















12" SpAVINS