## Uniform Mitigation Verification Inspection Form

<u>Maintain a copy</u>	of this form and	d any documentation pro-	vided with the insuran	ce policy		
Inspection Date: 5-8-2014						
Owner Information						
Owner Name: Porpoise Bay Villas Condo Association Contact Person:						
Address: 300 Harbour Dr. #104	Home Phone:	Home Phone:				
City: Vero Beach	Zip: 32963		Work Phone:			
County: Indian River			Cell Phone:			
Insurance Company:			Policy #:			
Year of Home: 1979	# of Stories	: 1	Email:			
NOTE: Any documentation used in vaccompany this form. At least one pl though 7. The insurer may ask addit	iotograph must a	ecompany this form to valid	late each attribute mark	ed in questions 3		
<u>Building Code</u> : Was the structure be the HVHZ (Miami-Dade or Broward	d counties), South	Florida Building Code (SFB	C-94)?			
a date after 3/1/2002: Building l	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) / /					
provide a permit application wit	provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DDAYYY)//					
<ol> <li>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.</li> </ol>						
	ermit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
1. Asphalt/Fiberglass Shingle	5 , 19 , 2005	permit #2005052049	2005			
2. Concrete/Clay Tite						
	1 1					
_						
6. Other						
A. All roof coverings listed above installation OR have a roofing potential.	ermit application	date on or after 3/1/02 OR the	e roof is original and built	t in 2004 or later.		
roofing permit application after	☐ 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 re	quirements of An	swer "A" or "B".				
3. Roof Deck Attachment: What is the	weakest form of	roof deck attachment?				
by staples or 6d nails spaced at 6 shinglesOR- Any system of scr	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.					
24"inches o.c.) by <u>8d common no</u> other deck fastening system or tr maximum of 12 inches in the fie						
C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common n docking with a minimum of 2 na Any system of screws, nails, adh	ails spaced a max ils per board (or esives, other deck ress 300 Harbo	imum of 6" inches in the field I nail per board if each board fastening system or truss/rat bur Dr. #104 Vero Beach, Fl	dOR- Dimensional luml is equal to or less than 6 is the spacing that is shown orida	ber/Tongue & Groove nches in width), -OR- to have an equivalent		
This world not form is realid for un t	o five (5) veces	royided no meterial change	a have been made to the	ctructure		

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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.				
				ed Concrete Roof Deck.	
			. Other:	di Concicie Roof Deck.	
			-	or unidentified.	
	11		. No attic a	•	
4				achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks withing or outside corner of the roof in determination of WEAKEST type)	
	X	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	
			X	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D	
	M	inin	nal condition	ons 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	
			Ц	Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a $\frac{1}{2}$ " gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe	
		Б	CII	corrosion.	
		В.	Clips	North and the first description of the transfer for our	
				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.	
		C.	Single Wr	aps	
				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		
			Ц	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	
			Ц	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.	
	1 1	E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.	
			Other:		
				or unidentified	
	П	H.	No attic ac	ccess	
5.	Ro the	of C	Geometry: St structure	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).	
	X	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	
		В.	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	
	L	C.	Other Roo		
6	Sa	conc	lary Water	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)	
0.	X	A.	SWR (also sheathing	o 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.	
	D	В	No SWR.	rom water intrusion in the event of roof cevering ross.	
				or undetermined.	
1 12	spec			Property Address 300 Harbour Dr. #104 Vero Beach, Florida	
			/	• 1	
			fication for les found or	m is valid for up to five (5) years provided no material changes have been made to the structure or	
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7. Opening Protection: What is the <u>weakest</u> 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  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.		Glázéd Upenings				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		х	Х	Х	х	
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						
	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	Х					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
  - $\sqcup$  A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

  - ☐ 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

Inspectors Initials roperty Address 300 Harbour Dr. #104 Vero Beach, Florida

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N. Exterior Opening Protection (unverifi	ied shutter systems with no document	tation) All Glazed openings are protected with			
	rements of Answer "A", "B", or C" or sy	ystems that appear to meet Answer "A" or "B"			
N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist					
		Non-Glazed openings classified as Level X in the			
☐ N.3 One or More Non-Glazed openings is cla	assified as Level X in the table above				
X. None or Some Glazed Openings One of	or more Glazed openings classified and	Level X in the table above.			
MITIGATION INSPECTION Section 627 711(2) Florida St	ONS MUST BE CERTIFIED BY A QUA. atutes, provides a listing of individuals	LIFIED INSPECTOR.			
Qualified Inspector Name:	License Type:	License or Certificate #:			
Frank D. Hinzman Inspection Company:	General Contractor	CGC017604			
Inspection Company: HINZMAN CONSTRUCTION		772-388-2004			
Qualified Inspector – I hold an active lie	cense as a: (check one)	FELLIGIA			
Home inspector licensed under Section 468.8314, training approved by the Construction Industry Lice	ensing Board and completion of a proficien				
Building code inspector certified under Section 46					
General, building or residential contractor licensed					
<ul> <li>□ Professional engineer licensed under Section 471.0</li> <li>□ Professional architect licensed under Section 481.2</li> </ul>					
Any other individual or entity recognized by the in		ions to properly complete a uniform mitigation			
verification form pursuant to Section 627.711(2), I					
Individuals other than licensed contractors lice					
under Section 471.015, Florida Statues, must in	spect the structures personally and no	of through employees or other persons.			
Licensees under s.471.015 or s.489.111 may aut		es the requisite skin, knowledge, and			
I, Frank D. Hinzman am a qualified inspector and I personally performed the inspection or (licensed					
(print name)  contractors and professional engineers only) I had my employee () perform the inspection					
and I agree to be responsible for his/her work.	(print name	of inspector)			
Qualified Inspector Signature:	2 D. Date: 5-8-2	2014			
An individual or entity who knowingly or throu	ah arose partinana providas a falsa a	r fraudulent mitigation verification form is			
subject to investigation by the Florida Division of	of Insurance Fraud and may be subje-	ct to administrative action by the			
appropriate licensing agency or to criminal pro-	secution. (Section 627.711(4)-(7), Flor	ida 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 of his or her employee did perform an inspection of the residence identified by this form and that proof of identification was provided to me or my Authorized Representative.					
Signature: Date: 16 Le 201					
Signature. 2					
An individual or entity who knowingly provides	or utters a false or fraudulent mitiga	tion 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 mistemeanor					
of the first degree. (Section 627.711(7), Florida Statutes)					
The definitions on this form are for inspection p as offering protection from hurricanes.	urposes only and cannot be used to co	ertify any product or construction feature			
Inspectors Initials Property Address 300 Harbour Dr. #104 Vero Beach, Florida					
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inaccuracies found on the form.		Page 4 of 4			
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