Uniform Mitigation Verification Inspection Form

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

| Inspection Date: 5-8-2014 | pection Date: 5-8-2014 | | | | | | |
|---|--|--|---|--|--|--|--|
| Owner Information | | | | | | | |
| Owner Name: Porpoise Bay Villa | | ation | Contact Person: | Contact Person: | | | |
| Address: 300 Harbour Dr. #201 | | | Home Phone: | | | | |
| City: Vero Beach | Zip: 32 | 2963 | Work Phone: | | | | |
| County: Indian River | | | Cell Phone: | | | | |
| Insurance Company: | | | Policy #: | Policy #: | | | |
| Year of Home: 1980 | # of Stori | ies: 2 | Email: | | | | |
| NOTE: Any documentation used is accompany this form. At least one though 7. The insurer may ask add | pnotograph mus litional questions | f accompany this form to valid regarding the mitigated feat | late each attributc mar ure(s) verified on this fo | ked in questions 3 rm. | | | |
| the HVHZ (Miami-Dade or Brown A. Built in compliance with the | 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)? 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: Buildin | a date after 3/1/2002: Building Permit Application Date (MMDD/YYYY) / / | | | | | | |
| provide a permit application v | 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/DDAYYY)/ | | | | | | |
| 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 | | | |
| () Asphalt/Fiberglass Shingle | 5 , 19 2005 | permit #2005052051 | 2005 | | | | |
| 2. Concrete/Clay Tile | | made of the commence to the control of the control | | | | | |
| 3. Metal | | | and a make a make observe open state on the spin-spin-spin-spin-spin-spin-spin-spin- | | | | |
| 4. Built Lip | | The second secon | | | | | |
| • | | • • • • • | ** ** | | | | |
| 5. Membrane | // | | geomorphical traps of Agent Augustian Statement - All product Control | | | | |
| 6. Other | | anne programme and a second and a | A | | | | |
| installation OR have a roofing | 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. | | | | | | |
| rooling permit application afte | 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. | | | | | | |
| - | | equirements of Answer "A" or | "B". | | | | |
| ☐ D. No roof coverings meet the | requirements of A | Answer "A" or "B". | | | | | |
| 3. Roof Deck Attachment: What is the | he weakest form | of roof deck attachment? | | | | | |
| by staples or 6d nails spaced a shinglesOR- Any system of s | 0.401 | | | | | | |
| 24"inches o.c.) by 8d common other deck fastening system or | | | | | | | |
| C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 r Any system of screws, nails, ad | | | | | | | |
| Inspectors Initials Property Ac | idress 300 Har | bour Dr. #201 Vero Beach, Fl | orida | | | | |
| *This verification form is valid for up | | | | e structure. | | | |

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| in | accu | raci | es found o | n the form. 1/12) Adopted by Rule 69O-170.0155 | Page 2 of 2 | | | | |
|----|-----------------------------|------|------------------------------|--|--|--|--|--|--|
| *7 | 'his ' | veri | fication for | m is valid for up to five (5) years provided no material changes have | been made to the structure or | | | | |
| ln | spec | tors | initials 2 | Property Address 300 Harbour Dr. #201 Vero Beach, Florida | | | | | |
| | C. Unknown or undetermined. | | | | | | | | |
| | L | В. | dwelling f No SWR. | rom water intrusion in the event of roof covering loss. | | | | | |
| | ΧĪ | Α. | SWR (also | o called Sealed Roof Deck) Self-adnering polymer modified-ordined roofs or foam adhesive SWR barrier (not foamed-on insulation) applied as a su | | | | | |
| 6. | Sec | onc | lary Water | Resistance (SWR): (standard underlayments or hot-mopped felts do no | t qualify as an SWR) | | | | |
| | L | C. | Other Roo | | | | | | |
| | L | В. | Flat Roof | Roof on a building with 5 or more units where at least 90% of the maless than 2:12. Roof area with slope less than 2:12 sq ft; T | all 1001 area has a roof stope of | | | | |
| | K | A. | Hip Roof | Hip roof with no other roof shapes greater than 10% of the total roof Total length of non-hip features: feet; Total roof system periods. | meter. | | | | |
| Э. | the | hos | t structure | over unenclosed space in the determination of roof perimeter of fool area | ioi 1001 geomeny classifications | | | | |
| z. | D - | e ~ | Yanmatimir 1 | What is the roof shape? (Do not consider roofs of porches or carports that | are attached only to the fascia or wall of | | | | |
| | | | No attic ac | | | | | | |
| | L | | Other: | or unidentified | | | | | |
| | Ш | | Structural | Anchor bolts structurally connected or reinforced concrete roof. | | | | | |
| | | | J | Metal connectors consisting of a single strap that wraps over the top of the both sides, and is secured to the top plate with a minimum of three nails | ne truss/rafter, is secured to the wall on on each side. | | | | |
| | • | | | beam, on either side of the truss/rafter where each strap wraps over the to a minimum of 2 nails on the front side, and a minimum of 1 nail on the | op of the truss/rafter and is secured with opposing side, or | | | | |
| | L | D. | Double W | Metal Connectors consisting of 2 separate straps that are attached to the | wall frame, or embedded in the bond | | | | |
| | s 1 | _ | m - 41 *** | Metal connectors consisting of a single strap that wraps over the top of minimum of 2 nails on the front side and a minimum of 1 nail on the opposition. | or the trussmatter and is secured with a posing side. | | | | |
| | Ц | C. | Single Wr | ans | | | | | |
| | | | Ü | Metal connectors with a minimum of 1 strap that wraps over the top of the position requirements of C or D, but is secured with a minimum of 3 nai | ic truss/failer and does not nicet the han s. | | | | |
| | | | | Metal connectors that do not wrap over the top of the truss/rafter, or | a trunsfeation and does not meet the not | | | | |
| | Ц | B. | Clips | | | | | | |
| | | | | the blocking or truss/rafter and blocked no more than 1.5" of the truss/racorrosion. | atter, and tree of visible severe | | | | |
| | | | _ | Attached to the wall top plate of the wall framing, or embedded in the bo | and beam, with less than a 1/2" gap from | | | | |
| | <u>(VII</u> | um | iai condino | Secured to truss/rafter with a minimum of three (3) nails, and | <u>v.</u> | | | | |
| | na: | ., i | X: | Metal connectors that do not meet the minimal conditions or requirements to qualify for categories B, C, or D. All visible metal connectors ar | | | | | |
| | | | | the top plate of the wall, or | | | | | |
| | × | Α. | . Toe Nails | Truss/rafter anchored to top plate of wall using nails driven at an angle | through the truss/rafter and attached to | | | | |
| | | | of the insidence. Toe Nails | c or outside corner of the roof in determination of WEAKEST type) | | | | | |
| 4. | | | | achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not inclu | de attachment of hip/valley jacks within | | | | |
| | Ц | | . No attic a | | | | | | |
| | Ш | F. | Unknown | Other:Unknown or unidentified | | | | | |
| | | | | | | | | | |
| | | 18 | 32 psf. | , | or thas a mean upitie resistance of actions | | | | |
| | | Or | greater res | istance than 8d common nails spaced a maximum of 6 inches in the field (| or has a mean uplitt resistance of al leas | | | | |

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. | | Gläzed Upenings | | | | Non-Glared Openings | |
|--|--|------------------------------|-----------------|-----------|----------------|---------------------|-----------------|
| | | Windows or Entry Doors | Garage Doors | 5kylights | Glass Block | Entry Doors | Garage Doors |
| N/A | Not Applicable- there are no openings of this type on the structure | | X | х | Х | Х | × |
| A | Verified cyclic pressure & large missile (9-1b 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 | | | | | | |
| Đ | Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance | | +1 | P - 12-47 | | | |
| N | Opening Protection products that appear to be A or B but are not verified | | | | | | |
| 13 | Other protective coverings that cannot be identified as A, B, or C | | | | | | |
| Х | No Windborne Debris Protection | 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
 - □ 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.)
 - LB.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
 - UB.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
 - 2B.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).
 - L_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 Traperty Address 300 Harbour Dr. #201 Vero Be | each, Florida |
|---|---------------|
| *This verification form is valid for up to five (5) years provided no materia | |
| inaccuracies found on the form. | Page 3 of 3 |
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| N. Exterior Opening Protection (unverified shutt | er systems with no documen | tation) All Glazed openings are protected with | | | |
|--|---|--|--|--|--|
| protective coverings not meeting the requirements of with no documentation of compliance (Level N in the content of the compliance of the content of the con | of Answer "A", "B", or C" or : | systems 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 | | | |
| N.2 One or More Non-Glazed openings classified as L table above | | | | | |
| U 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 C | | I Level X in the table above. | | | |
| MUTIC ATION INCOMPRESSIONS AND | 20) B ET (7513/01/13/05 (27/ | ALVERTON INCOME OF THE PROPERTY OF THE PROPERT | | | |
| MITIGATION INSPECTIONS MUS Section 627.711(2), Florida Statutes, p. | rovides a listing of individua | ls who may sign this form. | | | |
| Qualified Inspector Name Frank D. Hinzman | License Typo: General Contractor | License or Certificate # CGC017604 | | | |
| Inspection Company HINZMAN CONSTRUCTION | | ^{Рьоне} 772-388-2004 | | | |
| Qualified Inspector - I hold an active license a | s a: (check one) | FEET BOTTOM | | | |
| Land Home inspector licensed under Section 468.8314. Florida Statisting approved by the Construction Industry Licensing Be | | | | | |
| Building code inspector certified under Section 468.607, Flo | rida Statules. | | | | |
| — General, building or residential contractor licensed under Sc | ction 489.111, Plorida Statutes. | | | | |
| Professional engineer licensed under Section 471.015, Florida | | | | | |
| Professional architect licensed under Section 481.213, Florida | | a a second | | | |
| Any other individual or entity recognized by the insurer as p verification form pursuant to Section 627.711(2), Florida Sta | | tions to properly complete a uniform mitigation | | | |
| Individuals other than licensed contractors licensed und | | | | | |
| under Section 471.015, Florida Statues, must inspect the Licensees under s.471,015 or s.489.111 may authorize a experience to conduct a mitigation verification inspection | direct employee who posses | not through employees or other persons. ses the requisite skill, knowledge, and | | | |
| I, Frank D. Hinzman am a qualified inspecte | | ed the inspection or (licensed | | | |
| (print name) | • | | | | |
| contructors and professional engineers only) I had my en | iployee (|) perform the inspection e of inspector) | | | |
| and I agree to be responsible for his/her work. | | - | | | |
| Qualified Inspector Signature: f. J. | Date: 5-8 | 3-2014 | | | |
| An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is | | | | | |
| subject to investigation by the Vlorida Division of Insura | nce Fraud and may be subjection 627.711(4) (7) Fig. | ect 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 Quality | ied Inspector or his or her en | aployee did perform an inspection of the | | | |
| residence identified on this form and that proof of identification was provided to me or my Authorized Representative. | | | | | |
| Signature: Date: Date: | | | | | |
| An individual or entity who knowingly provides or utter | s a false or fraudulent mitig | ation verification form with the intent to | | | |
| obtain or receive a discount on an insurance premium to | which the individual or ent | ity 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 as offering protection from hurricanes. | only and cannot be used to o | certify any product or construction feature | | | |
| Inspectors Initials Property Address 300 Harbour Dr. #201 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. | | Page 4 of 4 | | | |
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