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

| | this form and any de | ocumentation prov | idea with the insurance | e poncy | | | |
|--|--|----------------------------------|---|--|--|--|--|
| Inspection Date: 5-8-2014 | | | | | | | |
| Owner Information | | | | | | | |
| Owner Name: Porpoise Bay Villas Condo Association Contact Person: Address: 300 Harbour Dr. #204 Home Phone: | | | | | | | |
| Address: 300 Harbour Dr. #204 | 22062 | 1 00000 | | | | | |
| City: Vero Beach | Zip: 32963 | | Work Phone: | | | | |
| County: Indian River | | | Cell Phone: | | | | |
| Insurance Company: | | | Policy #: | | | | |
| Year of Home: 1980 | # 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. | | | | | | | |
| the HVHZ (Miami-Dade or Broward | 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 date after 3/1/2002: Building Pe | 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 with | provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) / / | | | | | | |
| 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. | | | | | | | |
| | mit Application Date | FBC or MDC Product Approval # | Year of Original Installation or Replacement | No Information Provided for Compliance | | | |
| X 1. Asphalt/Fiberglass Shingle 7 | 23, 2009 perm | it #2009070352 | 2009 | | | | |
| | // | | | | | | |
| | // | | | | | | |
| | <i>II</i> | | * | | | | |
| | | | And the second second second | | | | |
| | <i>J</i> | | | | | | |
| | <i>!!</i> | | | | | | |
| installation OR have a roofing per | 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. | | | | | | |
| roofing permit application after 9 | | | | | | | |
| | C. One or more roof coverings do not meet the requirements of Answer "A" or "B". | | | | | | |
| □ D. No roof coverings meet the req | uirements of Answer "A | " or "B". | | | | | |
| 3. Roof Deck Attachment: What is the | weakest form of roof dec | ck attachment? | | | | | |
| A. Plywood/Oriented strand board by staples or 6d nails spaced at 6 shinglesOR- Any system of scre mean uplift less than that required | 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 8d common na other deck fastening system or tru maximum of 12 inches in the field | 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- 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. | | | | | | |
| C. Plywood/OSB roof sheathing v 24"inches o.c.) by 8d common na decking with a minimum of 2 nai | 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 fieldOR- 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 prectors Initials. Property Address 300 Harbour Dr. #204 Vero Beach, Florida | | | | | | |
| | | | have been made to the | ctructuro | | | |

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. Page 1 of 1 OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

| | | W. | or | aater recio | stance than 8d common nails spaced a maximum of 6 inches in the field or has a | mean uplift resistance of at least | |
|-----------------------------|----------------------------|-------|---------|---|--|--|--|
| | | | | psf. | Station man and a second | | |
| | | D. | K | Reinforced | d Concrete Roof Deck. | | |
| | | | | Other: | | | |
| | Ц | | | | or unidentified. | | |
| | | G. | ŀ | vo attic ac | ccess. | hmont of hin/valley jacks within | |
| 4. | Ro 5 fe | of t | of | Wall Atta the inside | achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attace or outside corner of the roof in determination of WEAKEST type) | minent of htp://antey jacks httm:// | |
| | X | A. | . 1 | Foe Nails | a the training of an angle through | the truss/rafter and attached to | |
| | | | | | Truss/rafter anchored to top plate of wall using nails driven at an angle through the top plate of the wall, or | | |
| | | | | X | Metal connectors that do not meet the minimal conditions or requirements of B, | C, or D | |
| | na: | ir | aal | l conditio | ons to qualify for categories B, C, or D. All visible metal connectors are: | | |
| | IVII | 15591 | 2445 | 4 1 | a to the form with a minimum of three (3) nails, and | | |
| | | | | | Attached to the wall top plate of the wall framing, or embedded in the bond bea the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, ar corrosion. | m, with less than a ½" gap from and free of visible severe | |
| | П | В | . (| Clips | | | |
| | | | | · 📙 | Metal connectors that do not wrap over the top of the truss/rafter, or | rafter and does not meet the nail | |
| | | | | | Metal connectors that do not wrap over the top of the truss Metal connectors with a minimum of 1 strap that wraps over the top of the truss position requirements of C or D, but is secured with a minimum of 3 nails. | | |
| | | C | | Single Wi | raps Metal connectors consisting of a single strap that wraps over the top of the tominimum of 2 nails on the front side and a minimum of 1 nail on the opposing | russ/rafter and is secured with a side. | |
| | Ц | D |). | Double V | Vraps val to the well for | ame or embedded in the bond | |
| | | | | Metal Connectors consisting of 2 separate straps that are attached to the wall main, or beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and beam. | | | |
| | | | | Ц | Metal connectors consisting of a single strap that wraps over the top of the trus | Station, is seed on to | |
| | 1 1 | E | | Structura | to the structurally connected or reinforced concrete root. | | |
| | | | | Other: | | | |
| | G. Unknown or unidentified | | | | | | |
| | | | | No attic a | | | |
| 5 | i. <u>R</u> | toof | G os | eometry: | : What is the roof shape? (Do not consider roofs of porches or carports that are attended to the control of the | | |
| | X | | | Hip Root | a the state of the fold fold will | iii Delilitetei: | |
| | - | | | Flat Roo | Total length of non-hip features: test, Total 1801 system permit re | of area has a roof slope of | |
| | L | | | Other Ro | less than 2:12. Roof area with slope less than 2:12. | | |
| | 6. <u>≨</u> X | Seco | A. | dary Wat SWR (al sheathin dwelling No SWF | ter Resistance (SWR): (standard underlayments or hot-mopped felts do not qual lso called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing using or foam adhesive SWR barrier (not foamed-on insulation) applied as a suppler from water infrusion in the event of roof covering loss. | ify as an SWR) nderlayment applied directly to the nental means to protect the | |
| C. Unknown or undetermined. | | | | | | | |
| | lnsp | ect | or | s Initials | 200 Harbour Dr. #204 Vero Beach, Florida | made to the structure or | |
| | *Th | is v | er | ification | form is valid for up to five (5) years provided no material changes have been | muco co en | |
| | | | | See Source | l on the form. v. 01/12) Adopted by Rule 69O-170.0155 | Page 2 of 2 | |

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 | | Glázéd Upenings | | | | 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 | | 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 | | | | | | х |
| 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 | | | | | |

- 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)
- 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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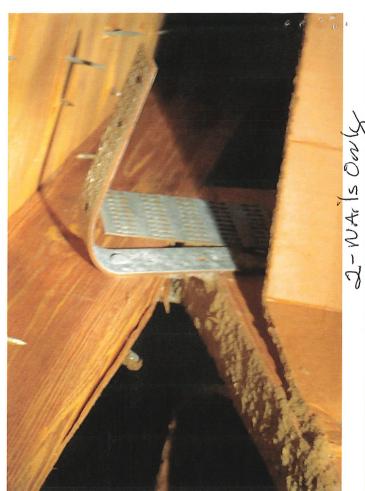
| N. Exterior Opening Protection (unverific | ed shutter systems with no document | tation) All Glazed openings are protected with ystems that appear to meet Answer "A" or "B' | | | |
|---|---|--|--|--|--|
| with no documentation of compliance (Leve | | ystems that appear to meet Answer A or B | | | |
| | | | | | |
| | | Non-Glazed openings classified as Level X in the | | | |
| ☐ N.3 One or More Non-Glazed openings is class | ssified as Level X in the table above | | | | |
| ☐ X. None or Some Glazed Openings One or | | Laval V in the table above | | | |
| A. None of Some Grazed Openings One of | | Ecycl A in the table above. | | | |
| MITIGATION INSPECTION | NS MUST BE CERTIFIED BY A QUA | LIFIED INSPECTOR. | | | |
| | tutes, provides a listing of individual | | | | |
| Qualified Inspector Name: Frank D. Hinzman | License Type: General Contractor | License or Certificate #- CGC017604 | | | |
| Inspection Company: HINZMAN CONSTRUCTION | | Phone: 772-388-2004 | | | |
| Qualified Inspector – I hold an active lic | ense as a: (check one) | FP. COM | | | |
| Home inspector licensed under Section 468.8314, I | Florida Statutes who has completed the sta | dutory number of hours of hurricane mitigation | | | |
| training approved by the Construction Industry Lie Building code inspector certified under Section 468 | | icy exam. | | | |
| General, building or residential contractor licensed | | | | | |
| Professional engineer licensed under Section 471.0 | | | | | |
| ☐ Professional architect licensed under Section 481.2 | | | | | |
| Any other individual or entity recognized by the ins | | tions to properly complete a uniform mitigation | | | |
| verification form pursuant to Section 627.711(2), F | lorida Statutes. | | | | |
| Individuals other than licensed contractors licen | sed under Section 489.111, Florida | Statutes, or professional engineer licensed | | | |
| under Section 471.015, Florida Statues, must ins Licensees under s.471.015 or s.489.111 may autl | pect the structures personally and n | of through employees or other persons. | | | |
| experience to conduct a mitigation verification i | nspection. | es the regulate sam, who weeks, the | | | |
| | inspector and I personally performe | ed the inspection or (licensed | | | |
| (print name) | | | | | |
| contractors and professional engineers only) I ha | C 211 0111 510 5 0 1 |) perform the inspection | | | |
| and Lagues to be removed ble for higher work | (print name | of inspector) | | | |
| and I agree to be responsible for his/her work. | 2 D & Data 5-8 | -2014 | | | |
| Qualified Inspector Signature: | | | | | |
| An individual or entity who knowingly or through | ch gross negligence provides a false o | or fraudulent mitigation verification form is | | | |
| subject to investigation by the Florida Division of appropriate licensing agency or to criminal pro- | of Insurance Fraud and may be subjected in (Section 627.711(4)-(7), Flo | rida Statutes) The Qualified Inspector who | | | |
| certifies this form shall be directly liable for the | misconduct of employees as if the ar | uthorized mitigation inspector personally | | | |
| performed the inspection. | | | | | |
| Homeowner to complete: I certify that the name | ed Qualified Inspector or his or her em | ployee did perform an inspection of the | | | |
| residence identified on this form and that proof of | dentification was provided to me of in | y Authorized Representative. | | | |
| (4111/MD11) | | | | | |
| Signature: Date: 13 11 2013 | | | | | |
| An individual or entity who knowingly provides | or utters a false or fraudulent mitig | ation verification form with the intent to | | | |
| obtain or receive a discount on an insurance pre | mium to which the individual or ent | ity is not entitled commits a misdemeanor | | | |
| of the first degree. (Section 627.711(7), Florida S | Statutes) | | | | |
| The definitions on this form are for inspection p | unnesses only and cannot be used to | vertify any product or construction feature | | | |
| as offering protection from hurricanes. | ai poses only and cannot be used to | | | | |
| Inspectors Initials Property Address 300 Harbour Dr. #204 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. OLD P.1.1892 (Pay. 01/12) Adopted by Rule 690-170.0155 Page 4 of 4 | | | | | |
| OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 | | | | | |

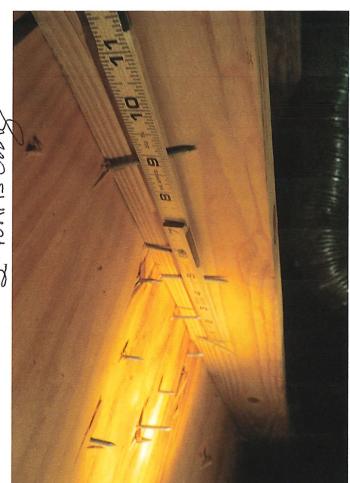




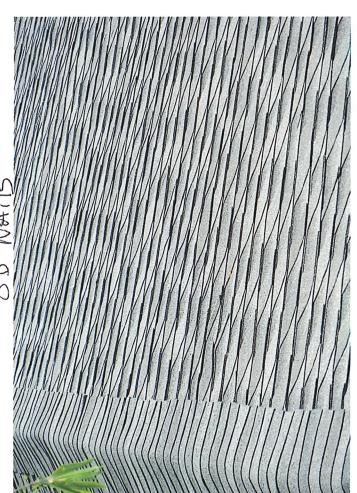












611 SpACing