Uniform Mitigation Verification Inspection Form

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

Inspe	ction Date: 5-8-2014	y Of this Joint an	u any documentation pro-	vided with the insuran	<u>ec poney</u>		
Owne	r Information						
Owner Name: Porpoise Bay Villas Condo Association				Contact Person:			
Addre	ss: 300 Harbour Dr. #308		Home Phone:				
City:	Vero Beach	Zip: 329	963	Work Phone:			
County: Indian River				Cell Phone:			
Insura	nce Company:			Policy #:			
Year	of Home: 1981	# of Storie	s: 2	Email:			
accon	E: Any documentation used in upany this form. At least one h 7. The insurer may ask add	photograph must	accompany this form to valid	late each attribute mark	ted in questions 3		
	uilding Code: Was the structure e HVHZ (Miami-Dade or Browa	ard counties), Sout	n Florida Building Code (SFB	C-94)?			
Ц	A. Built in compliance with the a date after 3/1/2002: Building				permit application with		
×	B. For the HVHZ Only: Built provide a permit application v C. Unknown or does not meet	with a date after 9/1	/1994: Building Permit Appli	For homes built in cation Date (мм/драууу)	1994, 1995, and 1996		
2. 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							
	Vering 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	5, 19, 2005	Permit #2005052064	2005			
	2. Concrete/Clay Tile						
	3. Metal						
	4. Built Up						
	5. Membrane						
	6. Other	1 1					
×	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. 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.						
Ц	C. One or more roof coverings			"B".			
	D. No roof coverings meet the						
3. Ro	of Deck Attachment: What is t						
	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.						
X	B. 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 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.						
Inspac	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 tors Initials. Property Address 300 Harbour Dr. #308 Vero Beach, Florida						
ınspec	tors initials 1 Property A	uuress_ 300 Haib					
*This	verification form is valid for u	p to five (5) years	provided no material change	es have been made to the	e structure.		

Page 1 of 1 OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

	r greater resi 82 psf.	stance than 8d common nails spaced a maximum of 6 inches in the field or has a me	an uplift resistance of at least		
	D. Reinforced Concrete Roof Deck.				
	E. Other:				
□F	F. Unknown or unidentified.				
ЦО	3. No attic ac	ccess.			
5 feet	to Wall Atta t of the inside	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachme or outside corner of the roof in determination of WEAKEST type)	ent of hip/valley jacks within		
XI A		Truss/rafter anchored to top plate of wall using nails driven at an angle through the top plate of the wall, or	e truss/rafter and attached to		
	X	Metal connectors that do not meet the minimal conditions or requirements of B, C,	or D		
Mini		ns 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, the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and f corrosion.	with less than a ½" gap from free of visible severe		
∐ B	3. Clips	UNITODOI.			
	. Cnps	Metal connectors that do not wrap over the top of the truss/rafter, or			
	Ш	Metal connectors with a minimum of 1 strap that wraps over the top of the truss/raft position requirements of C or D, but is secured with a minimum of 3 nails.	ter and does not meet the nail		
	C. Single Wr	raps	traffer and is secured with a		
		Metal connectors consisting of a single strap that wraps over the top of the truss minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side	e.		
	D. Double W	raps	or embedded in the bond		
	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/ral both sides, and is secured to the top plate with a minimum of three nails on each sides.	fter, is secured to the wall on		
U F	E. Structural				
	F. Other:				
	G. Unknown or unidentified				
L	H. No attic access				
5. Roof	Geometry:	What is the roof shape? (Do not consider roofs of porches or carports that are attached over unenclosed space in the determination of roof perimeter or roof area for roof generated by the consideration of the carporal space in the determination of the carporal space in the determination of the carporal space in the determination of the carporal space in the carporal space in the determination of the carporal space in the carporal space in the determination of the carporal space in the carpor	ed only to the fascia or wall of eometry classification).		
		6.1 and the 100% of the total roof system no	erimeter.		
	A. Hip Roof	Total length of non-hip features: leet; Total root system permitter	rea has a roof slope of		
⊔ 1	B. Flat Roof	less than 2:12. Roof area with slope less than 2:12sq it, Total roof a	areasq ft		
	C. Other Roo		ON TO		
XI /	 A. SWR (als sheathing dwelling 	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify a so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underly or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplementation water intrusion in the event of roof covering loss.	s an SWR) ayment applied directly to the al means to protect the		
U (B. No SWR. C. Unknown	or undetermined.			
Inspecto	ors Initials	Property Address 300 Harbour Dr. #308 Vero Beach, Florida			
*This ve	erification fo	orm is valid for up to five (5) years provided no material changes have been mad	le to the structure or		
inaccura	acies found o	on the form. 01/12) Adopted by Rule 69O-170.0155	Page 2 of 2		

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 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.		Giázed 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	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					

- 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.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
 - ☐ 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
- U. 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. #308 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 3 of 3

OIR-BI-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

N. Exterior Opening Protection (unverified states protective coverings not meeting the requirement with no documentation of compliance (Level N	its of Answer "A", "B", or C" or s					
☐ N.2 One or More Non-Glazed openings classified a						
table above ☐ N.3 One or More Non-Glazed openings is classifie	d on Lavel V in the table above					
X. None or Some Glazed Openings One or mo	re Glazed openings classified and	Level X in the table above.				
MITIGATION INSPECTIONS M Section 627.711(2), Florida Statute.		s who may sign this form.				
Qualified Inspector Name: Frank D. Hinzman	License Type: General Contractor	License or Certificate #: CGC017604				
Inspection Company: HINZMAN CONSTRUCTION	Toonera contractor	Phone: 772-388-2004				
	(-ll)	FELSOM				
Qualified Inspector – I hold an active licens						
Home inspector licensed under Section 468.8314, Floric training approved by the Construction Industry Licensing						
☐ Building code inspector certified under Section 468.607.						
M General, building or residential contractor licensed under	er Section 489.111, Florida Statutes.					
☐ Professional engineer licensed under Section 471.015, F						
☐ Professional architect licensed under Section 481.213, F						
Any other individual or entity recognized by the insurer	as possessing the necessary qualificat	tions to properly complete a uniform mitigation				
verification form pursuant to Section 627.711(2), Florida						
Individuals other than licensed contractors licensed	under Section 489.111, Florida	Statutes, or professional engineer licensed				
under Section 471.015, Florida Statues, must inspect Licensees under s.471.015 or s.489.111 may authoriz	the structures personally and it	ses the requisite skill, knowledge, and				
experience to conduct a mitigation verification inspe		Control of the Contro				
	ector and I personally performe	ed the inspection or (licensed				
(print name)						
contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector)						
and I agree to be responsible for his/her work.	(print inine	, or inspection,				
Qualified Inspector Signature:	Date: 5-8	-2014				
70,0)					
An individual or entity who knowingly or through grant subject to investigation by the Florida Division of Ins	surance Fraud and may be subje	ect to administrative action by the				
appropriate licensing agency or to criminal prosecut	tion. (Section 627.711(4)-(7), Flo	rida Statutes) The Quantied Inspector was				
certifies this form shall be directly liable for the mis-	conduct of employees as if the a	utilorized intogation hispector personance				
performed the inspection.						
Homeowner to complete: I certify that the named Q residence identified on this form and this proof of ident	ualified Inspector or his or her em ification was provided to me or m	ployee did perform an inspection of the by Authorized Representative.				
S MIIIMA H	Date: 11 the 2018	7				
Signature: // /////////////////////////////////	Date: 15 Obe Con					
An individual or entity who knowingly provides or u	House folce on froudulant mitig	ation verification form with the intent to				
An individual or entity who knowingly provides or u	mers a laise of fraudition intog m to which the individual or ent	ity is not entitled commits a misdemeanor				
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 purpos as offering protection from hurricanes.	oses only and cannot be used to o	certify any product or construction feature				
200 Harbour Dr. #200 Vora Boach Florida						
Inspectors Initials / Mr roberty Address						
"This verification form is valid for up to five (5) year	s provided no material changes	have been made to the structure or				
inaccuracies found on the form. OUR R1.1802 (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						









