Uniform Mitigation Verification Inspection Form

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

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Inspe	ction Date: 5-8-2014						
	er Information						
Owner Name: Porpoise Bay Villas Codo Association				Contact Person:			
Addre				Home Phone:			
City:	Vero Beach	Zip:	32963	Work Phone:			
	y: Indian River			Cell Phone:			
	nnce Company:			Policy #:	icy#:		
Year	of Home: 1981	# of Stori	es: 2	Email:			
accon	E: Any documentation used in pany this form. At least one h 7. The insurer may ask add	photograph mus	t accompany this form to val	idate each attribute mark	ted in questions 3		
	uilding Code: Was the structur e HVHZ (Miami-Dade or Brown	ard counties), Sou	th Florida Building Code (SF)	BC-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: Building Permit Application Date (MMDD/YYYY)/						
×	provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DDAYYY) / /						
OF	 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		
	X 1. Asphalt/Fiberglass Shingle	5 ,19 ,2005	permit #2005052070	2005			
	2. Concrete/Clay Tile						
	3. Metal						
	4. Built Up						
	5. Membrane						
	<u> </u>						
	6. Other						
X	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						
	B. All roof coverings have a N roofing permit application after	fiami-Dade Produ er 9/1/1994 and be	efore 3/1/2002 OR the roof is	original and built in 1997 c	r the HVHZ only) a or later.		
Ш	C. One or more roof coverings do not meet the requirements of Answer "A" or "B".						
	D. No roof coverings meet the requirements of Answer "A" or "B".						
3 Ro	noof Deck Attachment: What is the weakest form of roof deck attachment?						
J. <u>140</u>	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.						
Inspec	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 externs Initials Property Address 300 Harbour Dr. #501 Vero Beach, Florida						
erre i		n to Five (F) was w	a provided no metorial aban	gos 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

			greater resi 2 psf.	stance than 8d common nails spaced a maximum of 6 inches in the field o	r has a mean uplift resistance of at leas			
			Other:					
	11		-	or unidentified.				
	11		No attic a		, *			
	V.							
4.	 Roof to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks with 5 feet of the inside or outside corner of the roof in determination of WEAKEST type) 							
	XI A. Toe Nails							
				Truss/rafter anchored to top plate of wall using nails driven at an angle the top plate of the wall, or				
			X	Metal connectors that do not meet the minimal conditions or requirement	ts of B, C, or D			
	Mi	nim	al conditio	ns to qualify for categories B, C, or D. All visible metal connectors are	24			
				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 borthe blocking or truss/rafter and blocked no more than 1.5" of the truss/rafterorrosion.	nd beam, with less than a ½" gap from fter, and free of visible severe			
		В.	Clips					
				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 position requirements of C or D, but is secured with a minimum of 3 nails	e truss/rafter and does not meet the nai s.			
		C.	Single Wr	aps	Colorador Con and in account with a			
				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 opp	osing side.			
		D.	Double W	raps	I frame as embedded in the bond			
				Metal Connectors consisting of 2 separate straps that are attached to the v 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 contents.	p of the truss/ratter and is secured with			
			11	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 of	e truss/rafter, is secured to the wall on			
	L		Structural	Anchor bolts structurally connected or reinforced concrete roof.				
			Other:	or unidentified				
			No attic ac					
		11.	NO attre ac	iccss				
5.	Ro the	of G	Geometry:	What is the roof shape? (Do not consider roofs of porches or carports that a over unenclosed space in the determination of roof perimeter or roof area f	are attached only to the fascia or wall of for roof geometry classification).			
	4							
	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 B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roo		neter: reet					
			Flat Roof	less than 2:12. Roof area with slope less than 2:12 sq ft; To	otal roof areasq ft			
		C.	Other Roo	f Any roof that does not qualify as either (A) or (B) above.				
6.	Sec	conc	dary Water	Resistance (SWR): (standard underlayments or hot-mopped felts do not	qualify as an SWR)			
	A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.							
		B. C.	No SWR. Unknown	or undetermined.				
1				Property Address 300 Harbour Dr. #501 Vero Beach, Florida				
			/	m is valid for up to five (5) years provided no material changes have b	oeen made to the structure or			
in	accu	raci	ies found or	the form.				
0	R-B	1-1	802 (Rev. 0	1/12) 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.

15 *	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		x	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							
	Opening Protection products that appear to be A or B but are not verified							
N	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
 - \sqcup A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist \sqcup 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
- 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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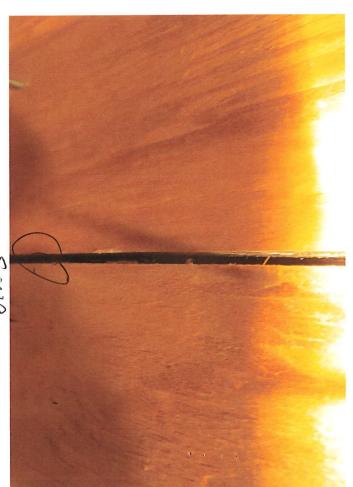
N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).						
☐ N.2 One or More Non-Glazed openings		Non-Glazed openings classified as Level X in the				
table above N.3 One or More Non-Glazed openings	s classified as Level V in the table above	-				
	ne or more Glazed openings classified and	Lavel V in the table above				
A. None of Some Glazed Openings	ne of more Grazed openings classified and	Level X III the table above.				
	TIONS MUST BE CERTIFIED BY A QUA					
	a Statutes, provides a listing of individual					
Qualified Inspector Name: Frank D. Hinzman	License Type: General Contractor	License or Certificate #: CGC017604				
Inspection Company: HINZMAN CONSTRUCTIO	N	Phone: 772-388-2004				
Qualified Inspector – I hold an activ		FOM				
Home inspector licensed under Section 468.8.	B14, Florida Statutes who has completed the sta y Licensing Board and completion of a proficier	ntutory number of hours of hurricane mitigation				
☐ Building code inspector certified under Section						
	ensed under Section 489.111, Florida Statutes.					
☐ Professional engineer licensed under Section						
☐ Professional architect licensed under Section						
Any other individual or entity recognized by the	ne insurer as possessing the necessary qualifica-	tions 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, mu Licensees under s.471.015 or s.489.111 may	at inspect the structures personally and n	of through employees or other persons.				
Licensees under s.471.015 or s.489.111 may experience to conduct a mitigation verificat	ion inspection.	ses the requisite skin, knowledge, and				
	fied inspector and I personally perform	ed the inspection or (licensed				
(print name)						
contractors and professional engineers only)	I had my employee (perform the inspection				
	(print name	e of inspector)				
and I agree to be responsible for his/her w	Date: 5-8	-2014				
Qualified Inspector Signature:						
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is						
aubicat to investigation by the Worlds Divis	ion of Insurance Fraud and may be subt	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.						
Homeowne to complete: I certify that the	named Qualified Inspector or his or her en	unlovee did perform an inspection of the				
Homeowner to complete: I certify that the	of identification was provided to me or m	ny Authorized Representative.				
residence identified on this form and that proof of identification was provided to me or my Authorized Representative.						
Signature: Date: 1 Zo 18						
to the least of the provides on attention of the provides of the contract of t						
An individual or entity who knowingly provides or utters a faise or fraudulent integration verification forms the descent of the individual or entity 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 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. #501 Vero Beach, Florida						
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inaccuracies found on the form.	690-170.0155	Page 4 of 4				

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12" SPACIN)







