Uniform Mitigation Verification Inspection Form

		i uns ionn and any	uocumentation prov	idea with the msurance	boney												
Inspection Date: 06/14/2021																	
Owner Informati				,													
	achite at Sapphire L	Contact Person: Rigo															
Address: 519 Jos	eph Court			Home Phone:													
City: Naples		Zip:	34104	Work Phone:													
County:	COLLIER			Cell Phone:													
Insurance Compar	y:			Policy #:													
Year of Home: 2	001	# of Stories: 1		Email:													
			• 4 6 1		44.9.4												
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 Florida Building Co la Building Code (SFBC	de (FBC 2001 or later) OR (2-94)?	for homes located in												
A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit applicate a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)																	
B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 19 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)																	
🛛 C. Unknov	vn or does not meet th	e requirements of Answ	ver "A" or "B"														
 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 Cove		ermit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance												
1. Asphal	Fiberglass Shingle																
2. Concre		7/31/2020	PRBD2020-0731309		$\overline{\Box}$												
3. Metal	cretay The																
4. Built U																	
5. Membra	ne				Ш												
6. Other	_																
	oduct Approval listing curre roof is original and built in																
B. All roo	coverings have a Mia	mi-Dade Product Appı	oval listing current at tir	ne of installation OR (for the ginal and built in 1997 or la	ne HVHZ only) a												
_			nents of Answer "A" or "	~													
	•	quirements of Answer															
	_																
_	<u></u>	weakest form of roof		/ 0 / 1	C2422: 1												
 A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or 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. B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maxim 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhe other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maxim 24"inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber/Tongue & 6 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) Inspectors Initials KPN Property Address 519 Joseph Court 																	
									Inspectors initials 1 topolity Addition 1								
									*This varification	form is valid for un	to five (5) years provi	ded no material change	as have been made to the s	tructure or			

inaccuracies found on the form.

		Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.					
	님		d Concrete Roof Deck.				
	H		or unidentified.				
		G. No attic a					
4.		of to Wall Att		on? (Do not include attachment of hip/valley jacks within KEST type)			
		A. Toe Nails					
			Truss/rafter anchored to top plate of wall using nails of the top plate of the wall, or	driven at an angle through the truss/rafter and attached to			
			Metal connectors that do not meet the minimal condition	ons or requirements of B, C, or D			
	Mir	nimal conditio	ons to qualify for categories B, C, or D. All visible me	ral connectors are:			
			Secured to truss/rafter with a minimum of three (3) nai	s, and			
		X	Attached to the wall top plate of the wall framing, or en the blocking or truss/rafter and blocked no more than 1 corrosion.	nbedded in the bond beam, with less than a ½" gap from .5" of the truss/rafter, and free of visible severe			
		B. Clips					
			Metal connectors that do not wrap over the top of the tr				
		Ц	position requirements of C or D, but is secured with a r	s over the top of the truss/rafter and does not meet the nail ninimum of 3 nails.			
	X	C. Single W		aps over the top of the truss/rafter and is secured with a			
			minimum of 2 nails on the front side and a minimum of				
		D. Double V	-				
		Ц	Metal Connectors consisting of 2 separate straps that are beam, on either side of the truss/rafter where each straps a minimum of 2 nails on the front side, and a minimum	wraps over the top of the truss/rafter and is secured with			
			Metal connectors consisting of a single strap that wraps both sides, and is secured to the top plate with a minim	s over the top of the truss/rafter, is secured to the wall on um of three nails on each side.			
		E. Structural	•	concrete roof.			
	님	F. Other:					
	片	G. Unknown H. No attic a	or unidentified				
_	Ъ						
5.	the	host structure	over unenclosed space in the determination of roof perir	•			
	×	A. Hip Roof	Hip roof with no other roof shapes greater than 10 th Total length of non-hip features: feet; Total	* *			
		B. Flat Roof					
		C. Other Roo					
6	Soo	ondom: Wata	r Resistance (SWR): (standard underlayments or hot-m	onned falts do not qualify as an SWD)			
		A. SWR (als sheathing		fied-bitumen roofing underlayment applied directly to the			
		B. No SWR.	or undetermined.				
Ine			PN_Property Address 519 Joseph Court	Naples			
1113	pec	tors initials _		p. 197			
		verification for	rm is valid for up to five (5) years provided no mater	ial changes have been made to the structure or			

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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. Non-Glazed **Opening Protection Level Chart Glazed Openings** Openings Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Glass Entry Garage Garage Skylights or Entry form of protection (lowest row) for any of the Glazed openings and indicate **Doors Block** Doors **Doors Doors** the weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure 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) c Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D 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 Ν Other protective coverings that cannot be identified as A, B, or C 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.) 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

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C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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Inspectors Initials KPN Property Address 519 Joseph Court

the table above

inaccuracies found on the form.

Naples

	N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of As with no documentation of compliance (Level N in the tax	nswer "A", "B", or C" or syst	ion) All Glazed openings are protected ems that appear to meet Answer "A" of	d with or "B"			
	 N.1 All Non-Glazed openings classified as Level A, B, C, o N.2 One or More Non-Glazed openings classified as Level table above 			the			
	N.3 One or More Non-Glazed openings is classified as Lev	el X in the table above					
X	X. None or Some Glazed Openings One or more Glaze	ed openings classified and Le	vel X in the table above.				
	MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov	~					
Qualific	ed Inspector Name: Kevin P. Noack	License Type: Home Inspector	License or Certificate #: HI 9868				
Inspect	ion Company: Florida Property Inspectors, Inc		Phone: 239-209-2366				
Qua	lified Inspector – I hold an active license as a	: (check one)					
t	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam. Building code inspector certified under Section 468.607, Florida Statutes. General, building or residential contractor licensed under Section 489.111, Florida Statutes. Professional engineer licensed under Section 471.015, Florida Statutes. Professional architect licensed under Section 481.213, Florida Statutes.						
Licer exper I, Ke	riduals other than licensed contractors licensed under r Section 471.015, Florida Statues, must inspect the states under s.471.015 or s.489.111 may authorize a direction to conduct a mitigation verification inspection. Vin P. Noack (print name) Factors and professional engineers only) I had my employed.	ructures personally and not ect employee who possesses and I personally performed to	through employees or other persons the requisite skill, knowledge, and the inspection or (licensed) perform the inspection				
and	I agree to be responsible for his/her work.		•				
Qual	ified Inspector Signature:	Date: 06/14/2	<u>2021 </u>				
subje appr certif	ndividual or entity who knowingly or through gross need to investigation by the Florida Division of Insurance opriate licensing agency or to criminal prosecution. (Sies this form shall be directly liable for the misconductormed the inspection.	e Fraud and may be subject ection 627.711(4)-(7), Florid	to administrative action by the la Statutes) The Qualified Inspector	who			
		J.T	1:1C : : : :- : : :				
reside	neowner to complete: I certify that the named Qualifie ence identified on this form and that proof of identification	n was provided to me or my A					
Sign	ature:1	Date: 06/14/2021					
obtai	ndividual or entity who knowingly provides or utters a in or receive a discount on an insurance premium to w e first degree. (Section 627.711(7), Florida Statutes)						
	definitions on this form are for inspection purposes on fering protection from hurricanes.	ly and cannot be used to cer	tify any product or construction fea	iture			
Inspe	ectors Initials KPN Property Address 519 Joseph Co	ourt	Naples				
	s verification form is valid for up to five (5) years proveuracies found on the form.	ided no material changes ha	ave been made to the structure or				

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