

## **Uniform Mitigation Verification Inspection Form**

Maintain a copy of t	his form and any	documentation provid	led with the insurance	policy			
Inspection Date: 05/23/2023							
Owner Information							
Owner Name: Opal at Sapphire Lakes C	ondo Association		Contact Person: Linda F	Raftery assoc pres			
Address: 409 Gabriel Circle			Home Phone:				
City: Naples Zip: 34104			Work Phone:				
County: COLLIER			Cell Phone: 774-270-5	400			
Insurance Company:			Policy #:				
Year of Home: 1992	# of Stories: 2		Email:				
NOTE: Any documentation used in valiaccompany this form. At least one photo though 7. The insurer may ask additional	graph must accomp	oany this form to validate	e each attribute marked				
<ol> <li>Building Code: Was the structure builthe HVHZ (Miami-Dade or Broward or Broward or A. Built in compliance with the FB</li> </ol>	ounties), South Florid	a Building Code (SFBC-9	4)?				
a date after 3/1/2002: Building Peri	mit Application Date	(MM/DD/YYYY)					
B. For the HVHZ Only: Built in co provide a permit application with a			. For homes built in 199 on Date (MM/DD/YYYY)	94, 1995, and 1996			
C. Unknown or does not meet the r	equirements of Answ	rer "A" or "B"					
2. <b>Roof Covering:</b> Select all roof covering OR Year of Original Installation/Replace covering identified.				ce for each roof			
Permit 2.1 Roof Covering Type:	t Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
▼ 1. Asphalt/Fiberglass Shingle  2/  2/  2/  2/  2/  2/  2/  2/  2/  2	15/2018	PRBD2018-0210424					
2. Concrete/Clay Tile				П			
3. Metal							
4. Built Up							
5. Membrane							
6. Other							
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 Miam roofing permit application after 9/1							
C. One or more roof coverings do r		•		101.			
D. No roof coverings meet the requ	•		•				
3. Roof Deck Attachment: What is the w				00 m: 1			
A. Plywood/Oriented strand board by staples or 6d nails spaced at 6" shinglesOR- Any system of screw mean uplift less than that required in the strange of the strange o	along the edge and vs, nails, adhesives, o	12" in the fieldOR- Bat other deck fastening system	ten decking supporting w	ood shakes or wood			
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 than 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 w 24"inches o.c.) by 8d common nail decking with a minimum of 2 nails  Inspectors Initials KPN Property Address	s spaced a maximum per board (or 1 nail	of 6" inches in the field. per board if each board is	-OR- Dimensional lumber	er/Tongue & Groove			
inspectors initials reperty Addition							
*This verification form is valid for up to	five (5) years provid	led no material changes	have been made to the s	tructure or			

inaccuracies found on the form.

NAS.		of screws, nails, adhesives, other deck fastening system or trustistance than 8d common nails spaced a maximum of 6 inches	
	_	ed Concrete Roof Deck.	
	E. Other:		
	F. Unknown	or unidentified.	
	G. No attic a	ccess.	
	feet of the insid	<b>eachment:</b> What is the <b>WEAKEST</b> roof to wall connection? (I e or outside corner of the roof in determination of WEAKEST	
	A. Toe Nails		
		Truss/rafter anchored to top plate of wall using nails driven the top plate of the wall, or	
		Metal connectors that do not meet the minimal conditions or	requirements of B, C, or D
M	inimal conditi	ons to qualify for categories B, C, or D. All visible metal con	nnectors are:
	$\boxtimes$	Secured to truss/rafter with a minimum of three (3) nails, and	d
	$\boxtimes$	Attached to the wall top plate of the wall framing, or embedd the blocking or truss/rafter <b>and</b> blocked no more than 1.5" of corrosion.	
$\times$	B. Clips		
		Metal connectors that do not wrap over the top of the truss/ra	after, <b>or</b>
		Metal connectors with a minimum of 1 strap that wraps over position requirements of C or D, but is secured with a minim	the top of the truss/rafter and does not meet the nai
	C. Single W	raps	
		Metal connectors consisting of a single strap that wraps ov minimum of 2 nails on the front side and a minimum of 1 nai	
	D. Double V	√raps	
		Metal Connectors consisting of 2 separate straps that are attached, on either side of the truss/rafter where each strap wrap a minimum of 2 nails on the front side, and a minimum of 1	s over the top of the truss/rafter and is secured with
		Metal connectors consisting of a single strap that wraps over both sides, and is secured to the top plate with a minimum of	
	E. Structural	Anchor bolts structurally connected or reinforced concre	ete roof.
	F. Other:		
	G. Unknowr	or unidentified	
	H. No attic a	ccess	
		What is the roof shape? (Do not consider roofs of porches or c over unenclosed space in the determination of roof perimeter of the control of	
	A. Hip Roof	Hip roof with no other roof shapes greater than 10% of to Total length of non-hip features: 48 feet; Total roof	
	B. Flat Roof		
X	C. Other Ro	of Any roof that does not qualify as either (A) or (B) above	).
	A. SWR (also sheathing dwelling B. No SWR	r Resistance (SWR): (standard underlayments or hot-mopped to called Sealed Roof Deck) Self-adhering polymer modified-by or foam adhesive SWR barrier (not foamed-on insulation) apprfrom water intrusion in the event of roof covering loss.	situmen roofing underlayment applied directly to the
			Nanlas
Inspe	ctors Initials <u>r</u>	Property Address 409 Gabriel Circle	Naples
	verification fouracies found	orm is valid for up to five (5) years provided no material choon the form.	anges 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.

•	ening Protection Level Chart	Glazed Openings				n-Glazed penings	
open form	an "X" in each row to identify all forms of protection in use for each ing type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate reakest 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	X	X	X	X
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						
14	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X					
	ystem of the State of Florida or Miami-Dade County and meet the requ nd Large Missile Impact" (Level A in the table above).  • Miami-Dade County PA 201, 202, and 203					J	
	Florida Building Code Testing Application Standard (TAS) 20	01, 202, <b>and</b>	203				
	<ul> <li>American Society for Testing and Materials (ASTM) E 1886;</li> </ul>	· · ·					
	<ul> <li>Southern Standards Technical Document (SSTD) 12</li> </ul>						
	• For Skylights Only: ASTM E 1886 and ASTM E 1996						
	<ul> <li>For Garage Doors Only: ANSI/DASMA 115</li> </ul>						
	A.1 All Non-Glazed openings classified as A in the table above, or no Non-C	Glazed openi	ngs exist				
_	A.2 One or More Non-Glazed openings classified as Level D in the table abox X in the table above	•		d openings	classifie	d as Leve	1 B, C, N,
	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X i	n the table a	bove				
o ii	B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I penings are protected, at a minimum, with impact resistant coverings in the product approval system of the State of Florida or Miami-Dade Cor "Cyclic Pressure and Large Missile Impact" (Level B in the table above.	or products County and	s listed as	s windborr	ne debri	s protect	ion devi
	• ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.)						
	• SSTD 12 (Large Missile – 4 lb. to 8 lb.)						
_	<ul> <li>For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large</li> </ul>						
느	B.1 All Non-Glazed openings classified as A or B in the table above, or no N						
L	B.2 One or More Non-Glazed openings classified as Level D in the table abo in the table above			d openings	classified	d as Leve	l C, N, or
L	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	e table abov	e				
	Exterior Opening Protection- Wood Structural Panels meeting ywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2					are co	vered w
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n C.2 One or More Non-Glazed openings classified as Level D in the table abo				alassifi -	1 og I ov	1 N o= V :-
	TC. Z One of More Non-Chazed obenings classified as Level 11 in the table abo	ive, and no N	voii-Giaze	u openings	ciassilie	i as Leve	1 IN OF A 1
_ 	the table above	ble shores					
		ible above					

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<b>7</b>					
N. Exterior Opening	<b>Protection (unverified shutter s</b>	systems with no documenta	ation) All Gl	azed openings are protected	d with
protective coverings n	ot meeting the requirements of A	nswer "A", "B", or C" or sy	stems that ap	opear to meet Answer "A" o	or "B"
	n of compliance (Level N in the ta	,	CI I		
	penings classified as Level A, B, C, o		-	-	.1
N.2 One or More Non table above	-Glazed openings classified as Level	D in the table above, and no No	on-Glazed ope	enings classified as Level X in	the
	-Glazed openings is classified as Lev	el X in the table above			
X. None or Some Gla	nzed Openings One or more Glaz	ed openings classified and L	evel X in the	e table above.	
	GATION INSPECTIONS MUST E	~			
Qualified Inspector Name:	27.711(2), Florida Statutes, prov	License Type:		ense or Certificate #:	
Kevin P.	Noack	Home Inspector		HI 9868	
Inspection Company: Florida P	roperty Inspectors, Inc		Phone: 23	9-209-2366	
Qualified Inspector – I	hold an active license as a	: (check one)			
	nder Section 468.8314, Florida Statuto	,	tory number o	f hours of hurricane mitigation	Į
training approved by the Co	onstruction Industry Licensing Board	and completion of a proficienc	y exam.	-	
Building code inspector cer	rtified under Section 468.607, Florida	Statutes.			
	ntial contractor licensed under Section	•			
	sed under Section 471.015, Florida St				
	sed under Section 481.213, Florida St				
	ity recognized by the insurer as posse to Section 627.711(2), Florida Statute		ons to properly	complete a uniform mitigation	a
<b>Individuals other than licer</b>	nsed contractors licensed under	Section 489.111, Florida S	tatutes, or p	rofessional engineer licen	sed
	rida Statues, must inspect the st				<u>.</u>
	or s.489.111 may authorize a dir tigation verification inspection.	ect employee who possesse	s the requis	ite skill, knowledge, and	
L Kevin P. Noack		and I managemaller manifesture as	1 41	: (l:	
(print name)	am a quanned inspector a	and I personally performed	i the inspect	ion or (ucensea	
<b>A</b>	l engineers only) I had my emplo	oyee (		m the inspection	
and I agree to be responsib	ole for his/her work	(print name	or mapeetor	,	
Qualified Inspector Signatu	ire: A Ph	Date: 5/23/2	2023		
	Leven//back				
	o knowingly or through gross ne the Florida Division of Insuranc				<u>rm is</u>
	cy or to criminal prosecution. (S				who
certifies this form shall be o	directly liable for the misconduc				
performed the inspection.					
Homeowner to complete:	: I certify that the named Qualifie	d Inspector or his or her emp	oloyee did pe	erform an inspection of the	
residence identified on this fo	orm and that proof of identification	n was provided to me or my	Authorized	Representative.	
Signature: Date: 5/23/2023					
				_	
An individual or entity who	knowingly provides or utters a	false or fraudulent mitiga	tion verifica	ntion form with the intent	to
obtain or receive a discount	t on an insurance premium to w				
of the first degree. (Section	<b>627.711(7), Florida Statutes)</b>				
The definitions on this forn	n are for inspection purposes on	ly and cannot be used to co	ertify any pi	roduct or construction fea	ture
as offering protection from	hurricanes.		_		
Inspectors Initials KPN Pr	operty Address 409 Gabriel Ci	rcle	Naples		
*This verification form is v	alid for up to five (5) years prov	rided no material changes l	have been m	ade to the structure or	
inaccuracies found on the fe	orm.	8			
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Opal at Sapphire Lakes: 409 Gabriel Cir Naples built 1992



Right



Right- rear



Rear-right



Rear- left



Left



Left- rear







roof geometry: "other" style gable \*48'gable vs 388' ttl roof





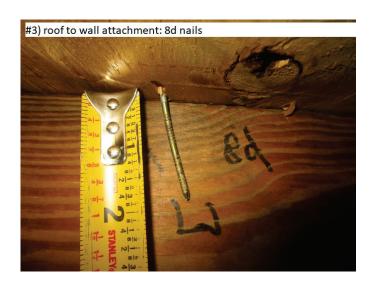




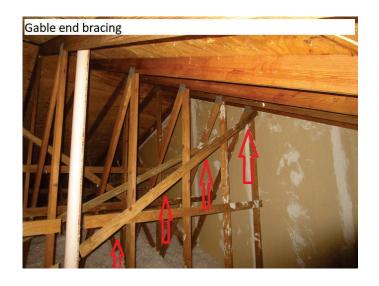














non impact front entrances





non impact windows- some w/hurricane protection



non impact sliders



some rear porches have roll down shutters