

Uniform Mitigation Verification Inspection Form

	of this form and any	documentation prov	rided with the insurance	e policy			
Inspection Date: 06/07/2018							
Owner Information				-			
Owner Name: Opal at Sapphire Lake	s Condo Association		Contact Person:Linda F	Raftery assoc pres			
Address: 515 Gabriel Circle	Home Phone:						
City: Naples	Work Phone:						
County: COLLIER			Cell Phone: 774-270-5400				
Insurance Company:	Policy #:						
Year of Home: 1992	Email:						
NOTE: Any documentation used in vaccompany this form. At least one pl though 7. The insurer may ask addit	notograph must accontional questions regard	npany this form to valid ling the mitigated featur	ate each attribute marked re(s) verified on this form.	in questions 3			
 Building Code: Was the structure the HVHZ (Miami-Dade or Broward A. Built in compliance with the 	d counties), South Flori	ida Building Code (SFBC	C-94)?				
a date after 3/1/2002: Building	Permit Application Dat	e (MM/DD/YYYY)					
 □ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) □ C. Unknown or does not meet the requirements of Answer "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 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	2/14/2018	PRBD2018-0210028					
2. Concrete/Clay Tile				$\overline{\Box}$			
3. Metal				H			
4. Built Up							
5. Membrane							
6. Other				Ш			
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.						
C. One or more roof coverings of			-				
D. No roof coverings meet the r	equirements of Answer	r "A" or "B".					
3. Roof Deck Attachment : What is th	e weakest form of roof	Edeck attachment?					
			ıss/rafter (snaced a maximu	m of 24" inches o.c.)			
A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or we shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equival 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 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.							
C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 n	nails spaced a maximu ails per board (or 1 nai	m of 6" inches in the field per board if each board	<mark>ld.</mark> -OR- Dimensional lumb	er/Tongue & Groove			
Inspectors Initials KPN Property Ad	dress 515 Gabilei Ci	IUIC	ivahies				
*This varification form is valid for ur	to five (5) veers prov	idad na matarial ahang	os have been made to the	truoturo or			

inaccuracies found on the form.

		verification for	orm is valid for up to five (5) years provided no material char on the form.	nges have been made to the structure or
In	spec	tors Initials <u>K</u>	Property Address 515 Gabriel Circle	Naples
6.		A. SWR (also sheathing dwelling) B. No SWR.	r Resistance (SWR): (standard underlayments or hot-mopped for called Sealed Roof Deck) Self-adhering polymer modified-bits or foam adhesive SWR barrier (not foamed-on insulation) applifrom water intrusion in the event of roof covering loss.	umen roofing underlayment applied directly to the
	\boxtimes	C. Other Roo		sq ft; Total roof area sq ft
		B. Flat Roof	Total length of non-hip features: 96 feet; Total roof sy Roof on a building with 5 or more units where at least 90% less than 2:12. Roof area with slope less than 2:12	6 of the main roof area has a roof slope of
		A. Hip Roof	Hip roof with no other roof shapes greater than 10% of the	e total roof system perimeter.
5. <u>Roof Geometry</u> : What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fas the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification.				
		H. No attic a		
			or unidentified	
	님	E. StructuralF. Other:	Anchor bolts structurally connected or reinforced concrete	2 FOOI.
	_		both sides, and is secured to the top plate with a minimum of the	nree nails on each side.
			Metal Connectors consisting of 2 separate straps that are attach beam, on either side of the truss/rafter where each strap wraps of a minimum of 2 nails on the front side, and a minimum of 1 na Metal connectors consisting of a single strap that wraps over the	over the top of the truss/rafter and is secured with ail on the opposing side, or
		D. Double V		on the opposing side.
		5	Metal connectors consisting of a single strap that wraps over minimum of 2 nails on the front side and a minimum of 1 nail of	
		C. Single Wi	position requirements of C or D, but is secured with a minimur raps	m of 3 nails.
			Metal connectors with a minimum of 1 strap that wraps over the	he top of the truss/rafter and does not meet the nai
		B. Clips	Metal connectors that do not wrap over the top of the truss/raft	er, or
	⊳		the blocking or truss/rafter and blocked no more than 1.5" of the corrosion.	
		\boxtimes	Secured to truss/rafter with a minimum of three (3) nails, and Attached to the wall top plate of the wall framing, or embedded	d in the bond beam, with less than a ½" gap from
	Mir		ons to qualify for categories B, C, or D. All visible metal conn	nectors are:
			Metal connectors that do not meet the minimal conditions or re	equirements of B, C, or D
			Truss/rafter anchored to top plate of wall using nails driven a the top plate of the wall, or	at an angle through the truss/rafter and attached to
		A. Toe Nails		
4.			eachment: What is the <u>WEAKEST</u> roof to wall connection? (Doe or outside corner of the roof in determination of WEAKEST ty	
		G. No attic a		
	\parallel		or unidentified.	
			ed Concrete Roof Deck.	
		or greater res 182 psf.	istance than 8d common nails spaced a maximum of 6 inches in	the field or has a mean uplift resistance of at leas
	27		of screws, nails, adhesives, other deck fastening system or truss	

Page 2 of 4

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



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.

•	ng Protection Level Chart	Glazed Openings				Non-Glazed Openings	
opening ty form of pr	X" in each row to identify all forms of protection in use for each rpe. Check only one answer below (A thru X), based on the weakest otection (lowest row) for any of the Glazed openings and indicate set form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
r	Applicable- there are no openings of this type on the structure		X	X	X	X	X
	ified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)			, ,	, ,		
	ified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
	ified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
	ified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N Op	ening Protection products that appear to be A or B but are not verified						
Oth	ner protective coverings that cannot be identified as A, B, or C						
X No	Windborne Debris Protection	X					
	 Miami-Dade County PA 201, 202, and 203 Florida Building Code Testing Application Standard (TAS) 20 American Society for Testing and Materials (ASTM) E 1886; 	· · · · · · · · · · · · · · · · · · ·					
		anu ASIMI	Z 1990				
	Southern Standards Technical Document (SSTD) 12 Southern Standards Technical Document (SSTD) 12						
	• For Skylights Only: ASTM E 1886 <u>and</u> ASTM E 1996						
	For Garage Doors Only: ANSI/DASMA 115 All New Classification of the Classification	21 1					
☐ A.2	All Non-Glazed openings classified as A in the table above, or no Non-C One or More Non-Glazed openings classified as Level D in the table about the table above	-	-	d openings	classifie	d as Leve	l 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				
opening in the	terior Opening Protection- Cyclic Pressure and 4 to 8-lb Ings are protected, at a minimum, with impact resistant coverings product approval system of the State of Florida or Miami-Dade Cyclic Pressure and Large Missile Impact" (Level B in the table above.	or products County and	s listed as	s windborn	e 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.)						
	• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large	e Missile - 2	to 4.5 lb.)				
☐ B.1	All Non-Glazed openings classified as A or B in the table above, or no N	on-Glazed o	penings e	xist			
	One or More Non-Glazed openings classified as Level D in the table about table above	eve, and no N	Ion-Glaze	d openings	classifie	d as Leve	1 C, N, 01
☐ B.3	One or More Non-Glazed openings is classified as Level C, N, or X in the	e table abov	e				
	terior Opening Protection- Wood Structural Panels meeting od/OSB meeting the requirements of Table 1609.1.2 of the FBC 2					s are co	overed v
☐ C.2	All Non-Glazed openings classified as A, B, or C in the table above, or n One or More Non-Glazed openings classified as Level D in the table abotable above				classifie	d as Leve	l N or X
☐ C.3	One or More Non-Glazed openings is classified as Level N or X in the ta	ble above					
spectors I	nitials KPN Property Address 515 Gabriel Circle		Na	ples			
-	· ·						

*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.

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

Page 3 of 4

N. Exterior Opening Protection (unverified shutt	er systems with no document	ation) All Glaze	ed onenings are protected with			
protective coverings not meeting the requirements of						
with no documentation of compliance (Level N in the						
N.1 All Non-Glazed openings classified as Level A, B,	C, or N in the table above, or no N	Ion-Glazed openin	gs exist			
N.2 One or More Non-Glazed openings classified as Lo	evel D in the table above, and no N	on-Glazed openin	gs classified as Level X in the			
table above N.3 One or More Non-Glazed openings is classified as	I aval V in the table above					
_		aval V in the to	hla ahaya			
X. None or Some Glazed Openings One or more C	mazed openings classified and i	Level A III the ta	oie above.			
MITIGATION INSPECTIONS MUS Section 627.711(2), Florida Statutes, p	~					
Qualified Inspector Name: Kevin P. Noack	License Type: Home Inspector	License	e or Certificate #: HI 9868			
Inspection Company: Florida Property Inspectors, Ir	nc	Phone: 239-2	209-2366			
Qualified Inspector – I hold an active license a	s a. (check one)					
Home inspector licensed under Section 468.8314, Florida St		utory number of ho	ours of hurricane mitigation			
training approved by the Construction Industry Licensing Bo			ours of nurricane mitigation			
Building code inspector certified under Section 468.607, Flo	orida Statutes.					
General, building or residential contractor licensed under Se	ction 489.111, Florida Statutes.					
Professional engineer licensed under Section 471.015, Florid	da Statutes.					
Professional architect licensed under Section 481.213, Florid	da Statutes.					
Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.						
Individuals other than licensed contractors licensed un	der Section 489.111, Florida S	Statutes, or prof	Tessional engineer licensed			
under Section 471.015, Florida Statues, must inspect th	e structures personally and n	ot through emp	loyees or other persons.			
Licensees under s.471.015 or s.489.111 may authorize a		es the requisite	skill, knowledge, and			
experience to conduct a mitigation verification inspection						
	or and I personally performe	d the inspection	or (licensed			
(print name) contractors and professional engineers only) I had my en	mnlovee () nerform (he inspection			
constitutions and projessional engineers only) I had my en		of inspector)	in inspection			
and I agree to be responsible for his/her work.						
Qualified Inspector Signature: Date: 5/23/2023						
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is						
subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the						
appropriate licensing agency or to criminal prosecution certifies this form shall be directly liable for the miscon						
performed the inspection.	duct of employees as if the au	tiioi izeu iiitiga	don inspector personary			
Homeowner to complete: I certify that the named Qual	lified Inspector or his or her am	nlavaa did narfa	rm an inspection of the			
residence identified on this form and that proof of identific						
	•	, 1144110111204110	Y1450111W1114.			
Signature:	Date: 6/20/2020					
	e1 e 11 / */*	, · · · en , ·	e •41 41 • 4 4 4			
An individual or entity who knowingly provides or utte obtain or receive a discount on an insurance premium to						
of the first degree. (Section 627.711(7), Florida Statutes		ity is not entitle	a commits a misacincanor			
	,					
The definitions on this form are for inspection purposes	s only and cannot be used to c	ertify any prod	uct or construction feature			
as offering protection from hurricanes.						
Inspectors Initials KPN Property Address 515 Gabrie	l Circle	Naples				
*This verification form is valid for up to five (5) years p	provided no material changes	have been med	e to the structure or			
inaccuracies found on the form.	or or fucu no material changes	nave been mau	e to the structure ur			
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.01	1.55		Page 4 of 4			

.



Opal at Sapphire Lakes: 515 Gabriel Cir Naples built 1992



Right



Right- rear



rear- right



Rear- left



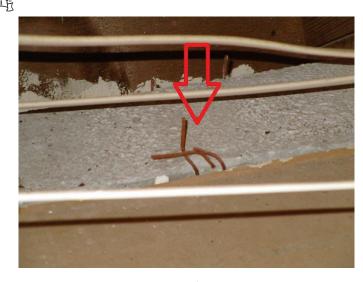
Left





roof geometry: "other" style *96' front gables vs 516' ttl roof





wall type construction: 85% reinforced masonry



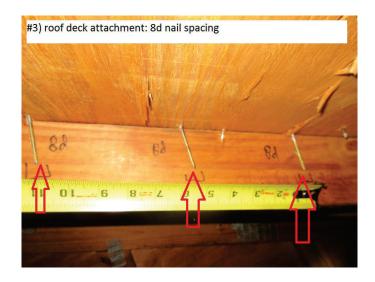
#2) roof covering: 2018 dimensional aspahlt shingle "other" style roof PRBD2018-0210028 issued 2/14/2018















non impact front doors



non impact windows- some w/hurricane protection



non impact windows- no hurricane protection



rear porches- non impact sliders- some w roll down shutters



