Uniform Mitigation Verification Inspection Form

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

Owner Name: Quartz at Sapphire Lakes Condo Association   Contact Person: Rigo Roig (PM)   Address: 675 Luisa Lane   Home Phone:   City: Maples   Zip: 34104   Work Phone:   County:   COLLIER   Tollow   County:   COLLIER   Policy #:   Policy #:   Year of Home: 2001   # of Stories: 2   Email: rroig@resortgroupine.com   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.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994. Building Permit Application Date (Miami-Dade Date (Miami-Dade Product Approval) (Miami-Dade Product Approval) (Miami-Dade OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof Covering Selected In ord Covering is listed above meet the FBC with a FBC or Miami-Dade Product Approval Ising current	Inspection Date: 09/15/2021						
Address: 675 Luisa Lane    City: Naples	Owner Information						
City: Naples  County: COLLIER  County: COLLIER  Coll Phone: 239-642-5466  Insurance Company:  Year of Home: 2001  # of Stories: 2  Email: rroig@resortgroupinc.com  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.  1. **Building Code**  Building Code**  Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC-94)?  A Built in compliance with the FBC Year Built  For homes built in 2002/2003 provide a permit application with a date after 97/1/1994: Building Permit Application Date @MSDD3YYYY)  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 97/1/1994: Building Permit Application Date @MSDD3YYYY)  C. Unknown or does not meet the requirements of Answer "A" or "B"  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 covering identified.  2.1 **Roof Covering** Single**  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 3/1/20 OR the roof is original and built in 2004 or later.  B. All roof coverings have a Miami-Dade Product on or after 3/1/20 OR the roof is original and built in 2004 or later.  B. All roof coverings have a Miami-Dade Product on or after 3/1/20 OR the roof is original and built in 1997 or later.  C. One or more roof coverings do not meet		,					
County: COLLIER   Cell Phone: 239-642-5466   Insurance Company:   Policy #:   Year of Home: 2001   # of Stories: 2   Email: proj@gresortgroupinc.com   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.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in a date after 31/2002; Building Permit Application Date OMNODATYOY)  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 91/1/1994: Building Permit Application Date OMNODATYOY)  C. Unknown or does not meet the requirements of Answer "A" or "B"  Reof 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 Reof Covering: Select all roof covering to the permit application after 31/1/20 OR the roof is original and built in 2004 or later.    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 31/1/20 OR the roof is original and built in 1904 or later.    A. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 31/1/20 OR the roof is o							
Insurance Company:   Policy #:   Year of Home: 2001   # of Stories: 2   Email: rrojg@resortgroupinc.com	· · · · · · · · · · · · · · · · · · ·	Zip: 3	34104				
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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 Product Approval # Year of Original Installation or Provided for Compliance  1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 4/27/2021 PRBD2021-0419290  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 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 do not meet the requirements of Answer "A" or "B".  D. No roof coverings meet the requirements of Answer "A" or "B".  3. Roof Deck Attachment: What is the weakest form of roof deck attachment?  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.  B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of	the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-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 (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)						
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					Provided for		
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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.	24"inches o.c.) by 8d common nails other deck fastening system or truss/a maximum of 12 inches in the field	OR- Any system of screen lent or greater resistance to psf.	ws, nails, adhesives, than 8d nails spaced				
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-  Inspectors Initials KPN Property Address 675 Luisa Lane  Naples	24"inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber/To 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						
*This varification 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.

		E. Other:  F. Unknown or unidentified.					
		G. No attic a	ccess.				
4.		Roof to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks verified or outside corner of the roof in determination of WEAKEST type)					
☐ A. Toe Nails ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and the top plate of the wall, or							
			Metal connectors that do not meet the minimal condition	s or requirements of B, C, or D			
	Mii	nimal conditio	ons to qualify for categories B, C, or D. All visible meta	•			
	17111		Secured to truss/rafter with a minimum of three (3) nails				
		X	Attached to the wall top plate of the wall framing, or emitthe blocking or truss/rafter <b>and</b> blocked no more than 1.5 corrosion.	pedded in the bond beam, with less than a ½" gap from			
		B. Clips					
			Metal connectors that do not wrap over the top of the tru				
	_		Metal connectors with a minimum of 1 strap that wraps position requirements of C or D, but is secured with a minimum of D.				
	$\times$	C. Single W		d- 4			
Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secure minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.							
	ш	D. Double V	•	attached to the well from a growth added in the hand			
		L	Metal Connectors consisting of 2 separate straps that are beam, on either side of the truss/rafter where each strap va minimum of 2 nails on the front side, and a minimum	vraps over the top of the truss/rafter and is secured with			
			Metal connectors consisting of a single strap that wraps of both sides, and is secured to the top plate with a minimum				
		E. Structural	ž	ncrete roof.			
	닏	F. Other: _					
	片		or unidentified				
H. No attic access							
5.		<u>oof Geometry</u> : What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of e host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).					
	X	A. Hip Roof	Total length of non-hip features: feet; Total	roof system perimeter: feet			
		B. Flat Roof	less than 2:12. Roof area with slope less than 2:12	sq ft; Total roof area sq ft			
	Ш	C. Other Ro	of Any roof that does not qualify as either (A) or (B) al	pove.			
_				1.0.11			
		A. SWR (als sheathing	r Resistance (SWR): (standard underlayments or hot-more of called Sealed Roof Deck) Self-adhering polymer modification or foam adhesive SWR barrier (not foamed-on insulation) from water intrusion in the event of roof covering loss.	ed-bitumen roofing underlayment applied directly to the			
		C. Unknown	or undetermined.				
Ins	spec	tors Initials <sup>K</sup>	Property Address 675 Luisa Lane	Naples			
Ins	spec	tors Initials <u></u>	Property Address 675 Luisa Lane	Naples			
*T	his v	tors Initials <u></u>	PN Property Address 675 Luisa Lane orm is valid for up to five (5) years provided no materia				

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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 or Entry Skylights 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) 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 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 the table above C.3 One or More Non-Glazed openings is classified as Level N or X in the table above Inspectors Initials KPN Property Address 675 Luisa Lane **Naples** 

<sup>\*</sup>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.

N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the t	answer "A", "B", or C" or syste				
N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist					
N.2 One or More Non-Glazed openings classified as Level table above					
N.3 One or More Non-Glazed openings is classified as Lev					
X. None or Some Glazed Openings One or more Glazed	zed openings classified and Lev	vel X in the table above.			
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro	vides a listing of individuals w	ho may sign this form.			
Qualified Inspector Name: Kevin P. Noack	License Type: Home Inspector	License or Certificate #. HI 9868			
Inspection Company: Florida Property Inspectors, Inc	F	Phone: 239-209-2366			
Qualified Inspector – I hold an active license as a	a: (check one)				
Home inspector licensed under Section 468.8314, Florida Statutaning approved by the Construction Industry Licensing Board Building code inspector certified under Section 468.607, Florida	tes who has completed the statutor and completion of a proficiency of				
General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida S					
Professional architect licensed under Section 481.213, Florida S					
Any other individual or entity recognized by the insurer as poss verification form pursuant to Section 627.711(2), Florida Statut		s to properly complete a uniform mitigation			
Individuals other than licensed contractors licensed under					
under Section 471.015, Florida Statues, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a di					
experience to conduct a mitigation verification inspection.	rect employee who possesses	the requisite skin, knowledge, and			
Marria D. Nanada	and I personally performed t	ho inspection or (liegused			
(print name)	and I personally periormed t	me inspection of (ucenseu			
contractors and professional engineers only) I had my empl	loyee ((print name of	) perform the inspection inspector)			
and I agree to be responsible for his/her work.					
Qualified Inspector Signature: Date: 09/15/2021					
An individual or entity who knowingly or through gross n					
subject to investigation by the Florida Division of Insuran appropriate licensing agency or to criminal prosecution.					
certifies this form shall be directly liable for the miscondu performed the inspection.					
Homeowner to complete: I certify that the named Qualifie	ed Inspector or his or her emplo	avee did perform an inspection of the			
<u>Homeowner to complete</u> : I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.					
Signature: Date: 09/15/2021					
An individual or entity who knowingly provides or utters obtain or receive a discount on an insurance premium to v of the first degree. (Section 627.711(7), Florida Statutes)					
The definitions on this form are for inspection purposes or as offering protection from hurricanes.	nly and cannot be used to cer	tify any product or construction feature			
Inspectors Initials KPN Property Address 675 Luisa Lar	e	Naples			
*This verification form is valid for up to five (5) years pro inaccuracies found on the form.	vided no material changes ha	eve been made to the structure or			















































