Uniform Mitigation Verification Inspection Form

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

Inspection Date: 09/15/2021									
Owner Information									
	Name: Quartz at Sapphire Lake	s Condo Association	ondo Association		Contact Person: Rigo Roig (PM)				
	s: 705 Luisa Lane		Home Phone:						
City: N	<u> </u>	Zip:	34104	Work Phone:					
County				Cell Phone: 239-642-54	466				
	ce Company:			Policy #:					
Year of	Home: 2000	# of Stories: 2		Email: rroig@resortgro	oupinc.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.									
the l	Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located 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 Pe			2002/2003 provide a perii	nt approaction with				
B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)									
		-							
OR	<u>of Covering:</u> Select all roof covering: Year of Original Installation/Replering identified.								
		mit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
	1. Asphalt/Fiberglass Shingle								
	2. Concrete/Clay Tile	4/27/2021	PRBD2021-0419301						
	3. Metal				$\overline{\Box}$				
	4. Built Up				Ē				
	5. Membrane								
	6. Other								
	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 do not meet the requirements of Answer "A" or "B".								
Ш	D. No roof coverings meet the rec	quirements of Answer "A	A" or "B".						
3. Roo	f 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 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 24"inches o.c.) by 8d common not decking with a minimum of 2 nailors Initials KPN Property Add	<mark>ills spaced a maximum o</mark> ls per board (or 1 nail po	of 6" inches in the field.	-OR- Dimensional lumbe	r/Tongue & Groove				
*This v	erification form is valid for un t	o five (5) years provide	d no material changes	have been made to the st	ructure or				

inaccuracies found on the form.

		E. Other: F. Unknown or unidentified. G. No attic access.						
4.		eet of the inside	f to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within at of the inside or outside corner of the roof in determination of WEAKEST type)					
	Ш	A. Toe Nails	Truss/rafter anchored to top plate of wall using nails dr the top plate of the wall, or	iven at an angle through the truss/rafter and attached to				
			Metal connectors that do not meet the minimal condition	s or requirements of B, C, or D				
	Mir	nimal conditio	ons to qualify for categories B, C, or D. All visible meta	connectors are:				
			Secured to truss/rafter with a minimum of three (3) nails,					
		X	Attached to the wall top plate of the wall framing, or embedding or truss/rafter and blocked no more than 1.5 corrosion.					
		B. Clips						
			Metal connectors that do not wrap over the top of the trus					
	C)		Metal connectors with a minimum of 1 strap that wraps of position requirements of C or D, but is secured with a minimum of 1 strap that wraps of C or D, but is secured with a minimum of 1 strap that wraps of D or D, but is secured with a minimum of 1 strap that wraps of D or D, but is secured with a minimum of 1 strap that wraps of D or D, but is secured with a minimum of 1 strap that wraps of D or D, but is secured with a minimum of D or D					
	×	C. Single Wi	Metal connectors consisting of a single strap that wrap minimum of 2 nails on the front side and a minimum of 1					
		D. Double W		11 0				
			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 of	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	Anchor bolts structurally connected or reinforced co	ncrete roof.				
	片	F. Other:	or unidentified					
	H	H. No attic a						
5.	_ Ro		What is the roof shape? (Do not consider roofs of porches	or carports that are attached only to the fascia or wall of				
	the	host structure	over unenclosed space in the determination of roof perime	ter or roof area for roof geometry classification).				
	×	A. Hip Roof	Hip roof with no other roof shapes greater than 10% Total length of non-hip features: feet; Total					
		B. Flat Roof	Roof on a building with 5 or more units where at lea less than 2:12. Roof area with slope less than 2:12	st 90% of the main roof area has a roof slope of sq ft; Total roof area sq ft				
		C. Other Roo						
6.	Sec	ondary Wate	r Resistance (SWR): (standard underlayments or hot-mor	oped felts do not qualify as an SWR)				
		A. SWR (als sheathing	SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the 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.					
	\Box	B. No SWR.	or undetermined.					
Ine	nec			Naples				
Inspectors Initials KPN Property Address 705 Luisa Lane Naples								
*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.								

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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 705 Luisa Lane **Naples**

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	N. Exterior Opening Protection (unverified shutter's protective coverings not meeting the requirements of Arwith no documentation of compliance (Level N in the tax	nswer "A", "B", or C" or sys	t ion) All Gla tems that app	azed openings are protected with pear to meet Answer "A" or "B"			
	N.1 All Non-Glazed openings classified as Level A, B, C, c N.2 One or More Non-Glazed openings classified as Level		-	-			
	table above N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above					
\times	X. None or Some Glazed Openings One or more Glazed	ed openings classified and Le	evel X in the	table above.			
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.							
Qualifie	ed Inspector Name: Kevin P. Noack	License Type: Home Inspector	Lice	ense or Certificate #: HI 9868			
Inspecti	Florida Property Inspectors, Inc		Phone:	9-209-2366			
Oua	lified Inspector – I hold an active license as a	: (check one)					
	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. 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.						
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. VID 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	the requisit the inspecti) perform	nployees or other persons. te skill, knowledge, and on or (licensed n the inspection			
and	I agree to be responsible for his/her work.		• ′				
Qual	ified Inspector Signature:	Date: 09/15/2	2021				
	ndividual or entity who knowingly or through gross ne ect to investigation by the Florida Division of Insuranc						
	opriate licensing agency or to criminal prosecution. (S						
	fies this form shall be directly liable for the misconduc formed the inspection.	t of employees as if the autl	norized miti	gation inspector personally			
Homeowner to complete: 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							
obtai	ndividual or entity who knowingly provides or utters a n 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 ce	rtify any pro	oduct or construction feature			
Inspe	ectors Initials KPN Property Address 705 Luisa Land	e	Naples				
	s verification form is valid for up to five (5) years proventation on the form.	rided no material changes h	ave been ma	ade to the structure or			

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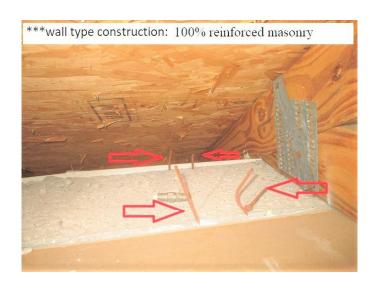




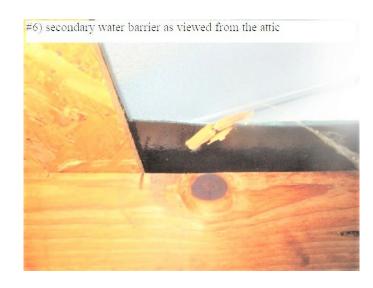




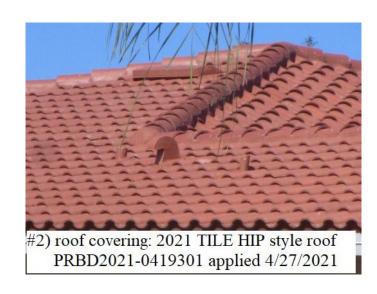








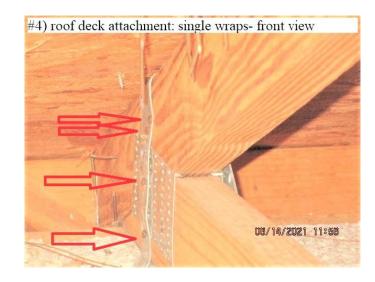


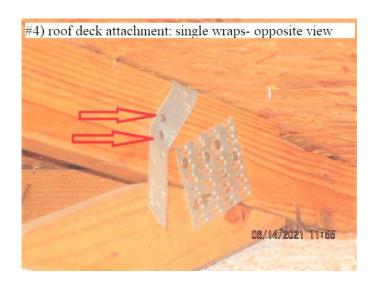














#7) opening protection: metal clad doors w/non impact transom or sidelite windows











