

## Uniform Mitigation Verification Inspection Form

erNACHI	Maintain a copy of th	is form and any doc	umentation provid	ed with the insurance	poncy			
	tion Date: 07/06/2023							
	r Information							
	Name: Turquoise at Sapphire Lak	es Condo Association		Contact Person: Robert Rapp				
Address: 153 Gabriel Circle				Home Phone:				
City: N	laples	Zip: 34	104	Work Phone:				
County	7: COLLIER			Cell Phone: 239-649-5	526 ext 5229			
Insurai	nce Company:			Policy #:				
Year o	f Home: 1993	# of Stories: 2		Email:				
accom	: Any documentation used in valid pany this form. At least one photog 17. The insurer may ask additiona	graph must accompany	this form to validate	e each attribute marked				
	ilding Code: Was the structure built HVHZ (Miami-Dade or Broward cou	inties), South Florida Bu	ailding Code (SFBC-9	4)?				
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)								
	<ul> <li>□ 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)</li> <li>□ C. Unknown or does not meet the requirements of Answer "A" or "B"</li> </ul>							
2. <u><b>Ro</b></u> OR	of Covering: Select all roof covering Year of Original Installation/Replace Vering identified.	types in use. Provide th	e permit application da		1.1			
		Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
	X 1. Asphalt/Fiberglass Shingle			2006				
	2. Concrete/Clay Tile				$\overline{\Box}$			
	<u> </u>							
	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 no	ot meet the requirements	of Answer "A" or "B					
	D. No roof coverings meet the requi	rements of Answer "A"	or "B".					
3. <b>Ro</b>	of Deck Attachment: What is the we	akest form of roof deck	attachment?					
	rafter (spaced a maximum ten decking supporting we n or truss/rafter spacing th	ood shakes or wood nat has an equivalent						
	B. Plywood/OSB roof sheathing wi 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 scre lent or greater resistance psf.	ws, nails, adhesives, than 8d nails spaced					
⊠ Inspec	C. Plywood/OSB roof sheathing wi 24"inches o.c.) by 8d common nails decking with a minimum of 2 nails stors Initials KPN Property Address	spaced a maximum of per board (or 1 nail per	6" inches in the field.	-OR- Dimensional lumber	er/Tongue & Groove			
_								
*This	verification form is valid for up to f	ive (5) years provided	no material changes l	have been made to the s	tructure or			

inaccuracies found on the form.

		verification fo	rm is valid for up to five (5) years provided no material c	hanges have been made to the structure or
In	∟ spec		or undetermined.  PN_Property Address_153 Gabriel Circle	Naples
6.		A. SWR (also sheathing dwelling f B. No SWR.	Resistance (SWR): (standard underlayments or hot-mopped called Sealed Roof Deck) Self-adhering polymer modified-or foam adhesive SWR barrier (not foamed-on insulation) agreem water intrusion in the event of roof covering loss.	-bitumen roofing underlayment applied directly to the
	$\boxtimes$	C. Other Roc	<u> </u>	sq ft; Total roof area sq ft
		B. Flat Roof	Total length of non-hip features: 83 feet; Total roo Roof on a building with 5 or more units where at least the less than 2:12. Roof area with slope less than 2:12	90% 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 total roof system perimeter.
5.			What is the roof shape? (Do not consider roofs of porches or over unenclosed space in the determination of roof perimeter	
		H. No attic ac	ccess	
			or unidentified	
	H	E. Structural F. Other:	Anchor bolts structurally connected or reinforced conci	rete roof.
	_		both sides, and is secured to the top plate with a minimum of	of three nails on each side.
			Metal Connectors consisting of 2 separate straps that are att beam, on either side of the truss/rafter where each strap wra a minimum of 2 nails on the front side, and a minimum of Metal connectors consisting of a single strap that wraps over	aps over the top of the truss/rafter and is secured with 1 nail on the opposing side, <b>or</b>
		D. Double W		an on the opposing state.
		-	Metal connectors consisting of a single strap that wraps of minimum of 2 nails on the front side and a minimum of 1 nails	
		C. Single Wr	position requirements of C or D, but is secured with a minimaps	mum of 3 nails.
			Metal connectors with a minimum of 1 strap that wraps over	er the top of the truss/rafter and does not meet the nai
	X	B. Clips	Metal connectors that do not wrap over the top of the truss/	rafter <b>or</b>
		<b>⊠</b>	Attached to the wall top plate of the wall framing, or embed the blocking or truss/rafter <b>and</b> blocked no more than 1.5" corrosion.	
		$\boxtimes$	Secured to truss/rafter with a minimum of three (3) nails, and	nd
	Mir	 nimal conditio	ns to qualify for categories B, C, or D. All visible metal co	•
		_	the top plate of the wall, or  Metal connectors that do not meet the minimal conditions o	
	Ш	A. Toe Nails	Truss/rafter anchored to top plate of wall using nails drive	en at an angle through the truss/rafter and attached to
4.		eet of the inside	achment: What is the <u>WEAKEST</u> roof to wall connection? e or outside corner of the roof in determination of WEAKES'	
4	П	G. No attic a		
			or unidentified.	
			d Concrete Roof Deck.	
		182 psf.	IC A D CD I	· ·
	27		f screws, nails, adhesives, other deck fastening system or tr stance than 8d common nails spaced a maximum of 6 inche	

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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.

-	ing Protection Level Chart Glazed Openings			Non-Glazed Openings			
openii form o	an "X" in each row to identify all forms of protection in use for each ng 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 eakest 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
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						
.,	Other protective coverings that cannot be identified as A, B, or C	<u> </u>					
Х	No Windborne Debris Protection	X				X	
	stem of the State of Florida or Miami-Dade County and meet the requal Large Missile Impact" (Level A in the table above).  • Miami-Dade County PA 201, 202, and 203			an <b>c</b> Tollow I	115 101	ey ene 1	ressure
	Florida Building Code Testing Application Standard (TAS) 20	01 202 and	203				
	American Society for Testing and Materials (ASTM) E 1886:	· · · · · · · · · · · · · · · · · · ·					
	Southern Standards Technical Document (SSTD) 12	7101111	2 1770				
	• 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-C	Hazed openi	ngs exist				
	A.2 One or More Non-Glazed openings classified as Level D in the table abo 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				
op in	Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I benings are protected, at a minimum, with impact resistant coverings the product approval system of the State of Florida or Miami-Dade Cr "Cyclic Pressure and Large Missile Impact" (Level B in the table above the contract of the State of Florida or Miami-Dade Cr "Cyclic Pressure and Large Missile Impact" (Level B in the table above the contract of the State of Florida or Miami-Dade Cr "Cyclic Pressure and Large Missile Impact" (Level B in the table above the contract of the State of Florida or Miami-Dade Cr "Cyclic Pressure and A to 8-lb I benings are protected, at a minimum, with impact resistant coverings the product approach to the state of Florida or Miami-Dade Cr "Cyclic Pressure and Large Missile Impact" (Level B in the table above the product approach to the state of Florida or Miami-Dade Cr "Cyclic Pressure and Large Missile Impact" (Level B in the table above the product approach to	or products County and	s listed as	s windborn	e debri	s protect	tion 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 <u>and</u> ASTM E 1996 (Large</li> </ul>						
	B.1 All Non-Glazed openings classified as A or B in the table above, or no N						
	B.2 One or More Non-Glazed openings classified as Level D in the table about in the table above	ove, and no N	Ion-Glaze	d openings	classified	l as Leve	l C, N, or
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	e table abov	e				
C. ply	Exterior Opening Protection- Wood Structural Panels meeting twood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2	ng FBC 2 007 (Level	2007 All C in the	Glazed o	penings e).	are co	vered w
C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist							
					classified	l as Leve	l N or Y i
	C.2 One or More Non-Glazed openings classified as Level D in the table about the table above	ive, and no r	TOIL GIUZE	а орения		a do Ecve	111 01 74 1
	<ul><li>C.2 One or More Non-Glazed openings classified as Level D in the table abouthe table above</li><li>C.3 One or More Non-Glazed openings is classified as Level N or X in the table</li></ul>		von Glaze	a openings		and Deve	TNOLAT

\*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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N. Exterior Opening Protection (unverified	d shutter systems with no document:	ation) All Glazed openings are protected wit	h			
protective coverings not meeting the requiren	nents of Answer "A", "B", or C" or sy	stems that appear to meet Answer "A" or "B	"			
with no documentation of compliance (Level	/					
N.1 All Non-Glazed openings classified as Leve						
N.2 One or More Non-Glazed openings classific table above	ed as Level D in the table above, and no No	on-Glazed openings classified as Level X in the				
N.3 One or More Non-Glazed openings is classi	ified as Level X in the table above					
X. None or Some Glazed Openings One or		evel X in the table above.				
			$\neg$			
	IS MUST BE CERTIFIED BY A QUAI tutes, provides a listing of individuals					
Qualified Inspector Name:	License Type:	License or Certificate #:	$\dashv$			
Kevin P. Noack	Home Inspector	HI 9868				
Inspection Company: Florida Property Inspecto	ors, Inc	Phone: <b>239-209-2366</b>				
Qualified Inspector – I hold an active lice	ense as a: (check one)					
Home inspector licensed under Section 468.8314, Flo	` ′	tory number of hours of hurricane mitigation				
training approved by the Construction Industry Licer	nsing Board and completion of a proficience	y exam.				
Building code inspector certified under Section 468.6	607, Florida Statutes.					
General, building or residential contractor licensed u	, and the second					
Professional engineer licensed under Section 471.015	5, Florida Statutes.					
Professional architect licensed under Section 481.213	3, Florida Statutes.					
Any other individual or entity recognized by the insuverification form pursuant to Section 627.711(2), Flor		ons to properly complete a uniform mitigation				
Individuals other than licensed contractors licens	sed under Section 489.111, Florida S	tatutes, or professional engineer licensed	_			
under Section 471.015, Florida Statues, must insp	pect the structures personally and no	t through employees or other persons.				
Licensees under s.471.015 or s.489.111 may author		s the requisite skill, knowledge, and				
experience to conduct a mitigation verification in						
	nspector and I personally performed	I the inspection or (licensed				
(print name)  contractors and professional engineers only) I had my employee ( ) perform the inspection						
	(print name					
and I agree to be responsible for his/her work.	0.7/06	/2022				
Qualified Inspector Signature:	Date: 07/06	/2023				
An individual or entity who knowingly or throug	h gross negligence provides a false o	r fraudulent mitigation verification form	is			
subject to investigation by the Florida Division of						
appropriate licensing agency or to criminal prose	ecution. (Section 627.711(4)-(7), Flor	ida Statutes) The Qualified Inspector who	!			
certifies this form shall be directly liable for the performed the inspection.	nisconduct of employees as if the au	thorized mitigation inspector personally				
performed the hispection.			_			
	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: 07/06/2023						
An individual or entity who knowingly provides	or utters a false or fraudulent mitiga	tion verification form with the intent to	_			
obtain or receive a discount on an insurance prer						
of the first degree. (Section 627.711(7), Florida St	tatutes)					
The definitions on this form are for inspection pu as offering protection from hurricanes.	arposes only and cannot be used to c	ertify any product or construction feature				
Inspectors Initials KPN Property Address 153 C	Gabriel Circle	Naples				
		<u> </u>				
*This verification form is valid for up to five (5) y inaccuracies found on the form.	years provided no material changes	have been made to the structure or				
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Turquoise at Sapphire Lakes Condo: 153 Gabriel Cir Naples



built 1993



Right



Rear- right



Rear- left



Left





roof geometry: "other" style roof \*83' gables vs 468' ttl roof



wall type construction: 85% reinforced masonry











2006 dimensional asphalt shingle "other" style roof





8d Nail





hurricane clips





metal clad non impact entrances



non impact windows



non impact sliders



non impact windows- some w/protection



non impact sliders- some w protection