## **Uniform Mitigation Verification Inspection Form**

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

| Inspection Date: 07/18/2019                                      |              |             |                            |  |  |  |
|--|--------------|-------------|----------------------------|--|--|--|
| Owner Information  |              |             |                            |  |  |  |
| Owner Name: Magnolia Square Condo Inc. Contact Person: R. Bryant |              |             |                            |  |  |  |
| Address: 501 E. Bay Drive Bldg 10                                | 0            | Home Phone: |                            |  |  |  |
| City: Largo  | Zip: 33770   |             | Work Phone:                |  |  |  |
| County: Pinellas   |              |             | Cell Phone: (727) 243-0383 |  |  |  |
| Insurance Company:   | ÷            | Policy #:   |                            |  |  |  |
| Year of Home: 1975   | # of Stories | : 2         | Email: qscbuild@yahoo.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. <u>Building Code</u>: 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 (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) \_\_\_\_\_
  - C. Unknown or does not meet the requirements of Answer "A" or "B"
- <u>Roof Covering:</u> 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<br>Date | FBC or MDC<br>Product Approval # | Year of Original Installation or<br>Replacement | No Information<br>Provided for<br>Compliance |
|-------------------------------|----------------------------|----------------------------------|---|--|
| 1. Asphalt/Fiberglass Shingle | 6/21/19                    |                                  | 2019  |  |
| 2. Concrete/Clay Tile         |                            |                                  |   |  |
| 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. **<u>Roof Deck Attachment</u>**: What is the <u>weakest</u> 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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 field.-OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 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 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 field. -OR- 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- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

Largo

Inspectors Initials RB Property Address 501 E. Bay Drive Bldg 100

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|    |                 | 182 psf.              | •  |
|----|-----------------|-----------------------|--|
|    |                 | D. Reinforce          | d Concrete Roof Deck.  |
|    |                 | E. Other:             |  |
|    |                 | F. Unknown            | or unidentified.   |
|    |                 | G. No attic a         | ccess.   |
| 4. |                 | et of the insid       | <b>achment:</b> What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within e 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 attached to the top plate of the wall, or   |
|    |                 |                       | Metal connectors that do not meet the minimal conditions or requirements of B, C, or D   |
|    | Mi              | nimal condition       | ons to qualify for categories B, C, or D. All visible metal connectors are:  |
|    |                 | _                     | Secured to truss/rafter with a minimum of three (3) nails, and   |
|    |                 |                       | Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a $\frac{1}{2}$ " gap from the blocking or truss/rafter <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.  |
|    | $\checkmark$    | B. Clips              |  |
|    |                 | $\checkmark$          | Metal connectors that do not wrap over the top of the truss/rafter, or   |
|    |                 |                       | Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.   |
|    |                 | C. Single Wr          |  |
|    | _               |                       | Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.   |
|    | Ш               | D. Double W           | •  |
|    |                 |                       | Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, <b>or</b>   |
|    |                 |                       | Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.   |
|    |                 | E. Structural         |  |
|    | Η               |                       | or unidentified  |
|    | H               | H. No attic a         |  |
|    |                 | II. NO attic a        |  |
| 5. |                 |                       | What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).   |
|    |                 | A. Hip Roof           |  |
|    |                 | B. Flat Roof          | Total length of non-hip features: feet; Total roof system perimeter: feet  |
|    |                 | D. FIALKOOI           | Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft  |
|    | $\checkmark$    | C. Other Roo          |  |
| 6. | <u>Sec</u><br>√ | A. SWR (als sheathing | <b>r Resistance (SWR):</b> (standard underlayments or hot-mopped felts do not qualify as an SWR)<br>o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the<br>or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the<br>from water intrusion in the event of roof covering loss. |

- B. No SWR.C. Unknown or undetermined.

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|------------------------|---|-------|
| 1                      |   |       |

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Opening Protection: What is the <u>weakest</u> 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   |                              | Non-Glazed<br>Openings |           |                |                |                 |
|---------------|--|------------------------------|------------------------|-----------|----------------|----------------|-----------------|
| openi<br>form | an "X" in each row to identify all forms of protection in use for each<br>ng type. Check only one answer below (A thru X), based on the weakest<br>of protection (lowest row) for any of the Glazed openings and indicate<br>eakest form of protection (lowest row) for Non-Glazed openings. | Windows<br>or Entry<br>Doors | Garage<br>Doors        | Skylights | Glass<br>Block | Entry<br>Doors | Garage<br>Doors |
| N/A           | Not Applicable- there are no openings of this type on the structure  |                              | $\times$               | X         | Х              |                | 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  |                              |                        |           |                |                |                 |
| IN            | Other protective coverings that cannot be identified as A, B, or C   |                              |                        |           |                |                |                 |
| х             | No Windborne Debris Protection   |                              |                        |           |                | X              |                 |

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, <u>and</u> 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 <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 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

| <u>C</u> . | Exterior | Opening | Protection-   | Wood | Structural | Panels | meeting | FBC | 2007 | All | Glazed | openings | are | covered | with |
|------------|----------|---------|---------------|------|------------|--------|---------|-----|------|-----|--------|----------|-----|---------|------|
|            |          |         | the requireme |      |            |        |         |     |      |     |        |          |     |         |      |

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

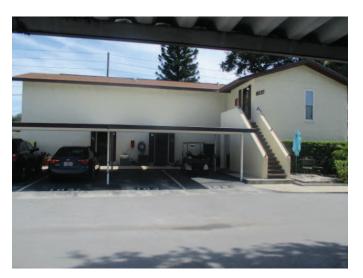
## Inspectors Initials RB Property Address 501 E. Bay Drive Bldg 100 Largo

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|  | <b>utter systems with no documentation)</b> All Glazed openings are protected with ts of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" n the table above)  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| 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 D in the table above, and no Non-Glazed openings classified as Level X in the  |  |  |  |  |  |  |  |
| N.3 One or More Non-Glazed openings is classified  | as Level X in the table above  |  |  |  |  |  |  |  |
| _  | e Glazed openings classified and Level X in the table above.   |  |  |  |  |  |  |  |
| Section 627.711(2), Florida Statute  | <i>IUST BE CERTIFIED BY A QUALIFIED INSPECTOR.</i><br>s, provides a listing of individuals who may sign this form.   |  |  |  |  |  |  |  |
| Qualified Inspector Name:<br>Ronald E. Bryant  | License Type: License or Certificate #:<br>Builder/Home Inspector CB C058458/HI 2920   |  |  |  |  |  |  |  |
| Inspection Company:<br>Qualified Services Corporation Inc  | Phone:   |  |  |  |  |  |  |  |
| <u>Qualified Inspector – I hold an active licens</u>   | <u>e as a</u> : (check one)  |  |  |  |  |  |  |  |
| Home inspector licensed under Section 468.8314, Florida training approved by the Construction Industry Licensing   | a Statutes who has completed the statutory number of hours of hurricane mitigation g Board and completion of a proficiency exam.   |  |  |  |  |  |  |  |
| Building code inspector certified under Section 468.607,   | Florida Statutes.  |  |  |  |  |  |  |  |
| General, building or residential contractor licensed under   |  |  |  |  |  |  |  |  |
| Professional engineer licensed under Section 471.015, Fl   |  |  |  |  |  |  |  |  |
| Professional architect licensed under Section 481.213, Fl  |  |  |  |  |  |  |  |  |
| Any other individual or entity recognized by the insurer a verification form pursuant to Section 627.711(2), Florida   | as possessing the necessary qualifications to properly complete a uniform mitigation<br>Statutes.  |  |  |  |  |  |  |  |
| under Section 471.015, Florida Statues, must inspect   | under Section 489.111, Florida Statutes, or professional engineer licensed<br>the structures personally and not through employees or other persons.<br>e a direct employee who possesses the requisite skill, knowledge, and<br>ction.   |  |  |  |  |  |  |  |
| I, <u>Ronald E. Bryant</u> am a qualified insp<br>(print name)<br>contractors and professional engineers only) I had my<br>and I agree to be responsible for his/her work. | ector and I personally performed the inspection or ( <i>licensed</i><br>v employee ( <u>myself</u> ) perform the inspection<br>(print name of inspector)   |  |  |  |  |  |  |  |
| Qualified Inspector Signature:   | Date: 7/18/219   |  |  |  |  |  |  |  |
| subject to investigation by the Florida Division of Insappropriate licensing agency or to criminal prosecut  | ross negligence provides a false or fraudulent mitigation verification form is<br>surance Fraud and may be subject to administrative action by the<br>ion. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who<br>conduct of employees as if the authorized mitigation inspector personally |  |  |  |  |  |  |  |
|  | ualified Inspector or his or her employee did perform an inspection of the ification was provided to me or my Authorized Representative.   |  |  |  |  |  |  |  |
| Signature:   | Date: 7/18/2019  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | atters a false or fraudulent mitigation verification form with the intent to<br>m to which the individual or entity is not entitled commits a misdemeanor<br>tes)  |  |  |  |  |  |  |  |
| The definitions on this form are for inspection purpo<br>as offering protection from hurricanes.   | oses only and cannot be used to certify any product or construction feature  |  |  |  |  |  |  |  |
| Inspectors Initials <u>RB</u> Property Address <u>501 E. Ba</u>  | Inspectors Initials RB Property Address 501 E. Bay Drive Bldg 100 Largo  |  |  |  |  |  |  |  |
| *This verification form is valid for up to five (5) year<br>inaccuracies found on the form.  | rs provided no material changes have been made to the structure or   |  |  |  |  |  |  |  |

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Front Elevation



Side Elevation



Side Elevation



Rear Elevation





Roof Deck Attachment

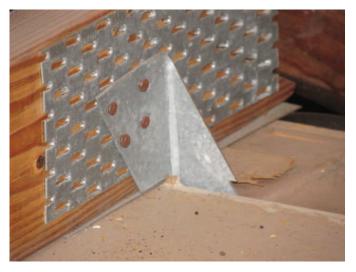
Decking



Field Measure



Nail Length



Roof to Wall Attachment



SWR

