Uniform Mitigation Verification Inspection Form

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

Inspection Date: 03/15/2024								
Owner Information								
Owner Name: Magnolia Square Condomi	Contact Person: R. Bry	Contact Person: R. Bryant						
Address: 501 East Bay Dr. #2200		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	# 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.								
the HVHZ (Miami-Dade or Broward com A. Built in compliance with the FBC a date after 3/1/2002: Building Perm B. For the HVHZ Only: Built in comprovide a permit application with a comprovide application	 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 (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" Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number 							
covering identified.	No Informat Permit Application FBC or MDC Year of Original Installation or Provided fo		No Information Provided for Compliance					
		Troduct Approvar	•	•				
	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. Roof Deck Attachment : What is the we	akest form of roof dec	ck attachment?						
by staples or 6d nails spaced at 6" a shinglesOR- Any system of screw mean uplift less than that required for B. Plywood/OSB roof sheathing wi 24"inches o.c.) by 8d common nails other deck fastening system or trust maximum of 12 inches in the field of C. Plywood/OSB roof sheathing wi								
decking with a minimum of 2 nails	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-							
Any system of screws, nails, adhesi		= -		o have an equivalent				
Inspectors Initials RB Property Address	ssou i ⊨ast bay Dr. #	1 ∠∠UU	Largo					

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			greater res 32 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least			
			-	ed Concrete Roof Deck.			
				or unidentified.			
		G	. No attic a	ccess.			
4.				achment: What is the <u>WEAKEST</u> 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			
			Ш	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D			
	Mi	nin		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 ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.			
	\checkmark	В	. 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.			
	Ш	C	. Single Wi				
				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.			
		D	. Double W	Vraps			
				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, or			
				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.			
			. Structural . Other:	•			
		G	. Unknown	or unidentified			
		Н	. No attic a	ccess			
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	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.			
		В	. Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of			
	V	C	. Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft of Any roof that does not qualify as either (A) or (B) above.			
5.	See	 econdary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) A. 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. B. No SWR. C. Unknown or undetermined. 					
In	spec	tor	rs Initials R	RB Property Address 501 East Bay Dr. #2200 Largo			
	-						
٠. ا	nis	vei	THICATION 10	orm is valid for up to five (5) years provided no material changes have been made to the structure or			

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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 Skylights or Entry 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) 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 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 Х 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). LC.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 East Bay Dr. #2200 Largo

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N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of Arwith no documentation of compliance (Level N in the ta	nswer "A", "B", or C" or sys	tion) All Glazed openings are protected with tems that appear to meet Answer "A" or "B"					
N.1 All Non-Glazed openings classified as Level A, B, C, o	·	n Glazad ananings axist					
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						
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.							
Qualified Inspector Name: Ronald E. Bryant	License Type: Builder/Home Insp	License or Certificate #: Dector CB C058458/HI 2920					
Inspection Company: Qualified Services Corporation Inc.		Phone: (727) 243-0383					
Qualified 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.						
Individuals other than licensed contractors licensed under under Section 471.015, Florida Statues, must inspect the structure Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection. I, Ronald E. Bryant am a qualified inspector a (print name) contractors and professional engineers only) I had my emploand I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through gross nesubject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduction.)	ructures personally and not ect employee who possesses and I personally performed byee (myself	through employees or other persons. the requisite skill, knowledge, and the inspection or (licensed) perform the inspection f inspector) 224 fraudulent mitigation verification form is t to administrative action by the la Statutes) The Qualified Inspector who					
performed the inspection.							
<u>Homeowner to complete</u> : I certify that the named Qualified residence identified on this form and that proof of identification							
Signature: Date: 3/15/2024							
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)							
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to ce	rtify any product or construction feature					
Inspectors Initials RB Property Address 501 East Bay Dr. #2200 Largo							
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Address Verification



Front Elevation



Side Elevation



Rear Elevation



Rear Elevation



Side Elevation





Roof Slope



Field



Nail Length





Field Measurement



Roof Deck Attachment



Roof to Wall Attachment



SWR



SWR