Uniform Mitigation Verification Inspection Form

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

Owner Name: Magnolia Square Condo Inc.  Address: 501 East Bay Drive #2300  Zip: 33770 Work Plone:  County: Pinellas County: P	Inspection Date: 12/26/2017									
Address: 501 East Bay Drive #2300   Zip: 33770   Work Phone:  City: Largo   Zip: 33770   Work Phone:  County: Pinellas   Policy #: Polic										
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. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Mimani-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Mimani-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in 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 nowners.  Description of Description of Description of Provide Agriculture of P			o Inc.	).		,				
County: Pinellas   Cell Phone: (727) 243-0383   Insurance Company: Policy #:		<u> </u>								
Notice   Frame   Policy #:			Zip:	33770						
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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 (MMDDYYYY)  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 (MMDDYYYY)  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 OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.  11 Roof Covering: Type:	accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3									
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□ 2. Concrete/Clay Tile □ 3. Metal □ 4. Built Up □ 5. Membrane □ 6. Other □ 8. 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 24"inches o.c.) by 8d common 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 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, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent		ering identified.	ermit Application	FBC or MDC	Year of Original Installation or	No Information Provided for				
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Inspectors initials in Froperty Address of East Day Dive #2000 Largo	Inovers	decking with a minimum of 2 na Any system of screws, nails, add	ails per board (or 1 nail penesives, other deck fasten	er board if each boarding system or truss/r	d is equal to or less than 6 in rafter spacing that is shown t	ches in width)OR-				
	inspect	ors muais <u>no</u> Froperty Ad	ITESSOUT EAST DAY DIVE	<del>σ π</del> ΖΟΟΟ	Laiyu					

<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.

	or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.						
		D. Reinforced Concrete Roof Deck.					
			· · · · · · · · · · · · · · · · · · ·	or unidentified.			
		G	. No attic a	access.			
4.		eet	of the inside	<u>eachment</u> : 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			
			Ц	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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.			
	✓	В.	. Clips _				
			$\checkmark$	Metal connectors that do not wrap over the top of the truss/rafter, or			
			Ц	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	raps  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, <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.			
			Structural Other:				
				or unidentified			
		H	. No attic a	access			
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				
		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 less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft			
	<b>√</b>	C.	. Other Roo				
6.	Sec	<ul> <li>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.</li> <li>B. No SWR.</li> <li>C. Unknown or undetermined.</li> </ul>					
[n	spec	tor	s Initials R	RB Property Address 501 East Bay Drive #2300 Largo			
*]	'his	ver	ification fo	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 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) 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 Drive #2300 Largo

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N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B"								
with no documentation of compliance (Level N in 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								
	In the table above, and no Non-C	Glazed openings classified as Level X in the						
N.3 One or More Non-Glazed openings is classified as Leve	N.3 One or More Non-Glazed openings is classified as Level X in the table above							
X. None or Some Glazed Openings One or more Glaze	ed openings classified and Leve	el 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 Inspe	License or Certificate #: CCT CB C058458/HI 2920						
Inspection Company:  Qualified Services Corporation Inc.		none: (727) 243-0383						
,	(ahaaly ama)	(121) 240-0000						
Qualified Inspector – I hold an active license as a	· ´	1 (1 (1 ) (1 )						
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	and completion of a proficiency ex							
Building code inspector certified under Section 468.607, Florida								
General, building or residential contractor licensed under Section								
Professional engineer licensed under Section 471.015, Florida St								
Professional architect licensed under Section 481.213, Florida St								
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute.		to properly complete a uniform mitigation						
Individuals other than licensed contractors licensed under								
under Section 471.015, Florida Statues, must inspect the str								
<u>Licensees under s.471.015 or s.489.111 may authorize a direction of sexperience to conduct a mitigation verification inspection.</u>	ect employee who possesses the	ne requisite skill, knowledge, and						
	nd I nauganally naufaumad th	as inspection on (linguage)						
(print name)	nd I personally performed th	ie inspection of (ucensea						
contractors and professional engineers only) I had my emplo	yee ( myself (print name of i	_) perform the inspection inspector)						
and I agree to be responsible for his/her work.	ď	1						
Qualified Inspector Signature:	Date: 12/26/20	)17						
An individual or entity who knowingly or through gross ne	gligence provides a false or fi	raudulent mitigation verification form is						
subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (S	e r raud and may be subject t ection 627 711(4)-(7) Florida	Statutes) The Qualified Inspector who						
certifies this form shall be directly liable for the misconduc								
performed the inspection.	- "							
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification								
Signature: I	1	<u>.</u>						
Signature:1	vate:	<del></del>						
An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)								
The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.								
Inspectors Initials RB Property Address 501 East Bay Drive #2300 Largo								
*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. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155



Address Verification



Front Elevation



Side Elevation



Rear Elevation



Side Elevation



Decking



**Roof Deck Attachment** 



Field Measure



Nail Length



Roof to Wall Attachment





