Uniform Mitigation Verification Inspection Form

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

Owner Name: Magnolla Square Condo Inc. Address: 501 East Bay Drive #2600 Zip:	Inspection Date: 12/26/2017								
Address: 501 East Bay Drive #2600 Zip: 33770 Work Phone: City: Largo Zip: 33770 Work Phone: County: Pinellas Cell Phone: (727) 243-0383 Insurance Company: Policy #: Policy #: Policy #: Policy #: Pear of Home: 1975 # of Stories: 2 Email: gacbuild@yahoo.com NOTE: Any documentation used in validating the compliance or existence of each construction or midgation 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. Building Code: Was the structure built in compliance with the FIBC very 1970 A Built in compliance with the FIBC very 1971 A Built in compliance with the FIBC very 1971 For homes built in 2002/2003 provide a permit application with a date after 30/12002: Building Permit Application Date association For homes built in 1994, 1995, and 1996 provide a permit application with a date after 30/12002: Building Permit Application Date association For homes built in 1994, 1995, and 1996 provide a permit application with a date after 30/12002: Building Permit Application Date association Provide a permit application with a date after 30/12002: Building Permit Application Date association Provide appendix Provide append									
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. Banidning Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Mamin-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Mamin-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Mamin-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Dily. Built in compliance with the SFBC-94. Year Built part of the provide a permit application with a date after 9/11994: Building Permit Application Date assubayyyyy D. For the HVHZ Only. Built in compliance with the SFBC-94. Year Built provide a permit application with a date after 9/11994: Building Permit Application Date assubayyyyy C. Unknown or does not meet the requirements of Answer "A" or "B" C. Unknown or does not meet the requirements of Answer "A" or "B" Roof Coverings Select all roof covering types in use. Provide the permit application date OR FBC/MIC Product Approval number OR Year of Original Installations Replacement OR indicate that no information was available to verify compliance for each roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation of Robust and the product Approval Insting current at time of installation of Robust and the product Approval Insting current at time of installation OR have a roofing permi			o Inc.	<i>.</i>		,			
County: Pinellas Cell Phone: (727) 243-0383 Insurance Company: Policy #: Policy #:									
Notice Company: Policy #: Email: gscbuild@yahoo.com			Zip:	33770					
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2 Concrete/Clay Tile	coveri	ing identified.	ermit Application	FBC or MDC	Year of Original Installation or	No Information Provided for			
3. Metal		✓ 1. Asphalt/Fiberglass Shingle	8/4/17						
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^{*}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	ccess.			
4.		eet	of the inside	rachment: 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	nal conditio	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				
			✓	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 Wr				
		Б	D 11 11	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, 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				
		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			
	√	C.	. Other Roo				
6.	Sec 🗸	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.					
	_	Ο.					
Inspectors Initials RB Property Address 501 East Bay Drive #2600 Largo							
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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 #2600 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								
N.2 One or More Non-Glazed openings classified as Level table above	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 Leve	el X in the table above							
X. None or Some Glazed Openings One or more Glazed openings classified and Level 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 #: ector CB C058458/HI 2920						
Inspection Company:	· · · · · · · · · · · · · · · · · · ·	Phone:						
Qualified Services Corporation Inc.		(727) 243-0383						
Qualified Inspector – I hold an active license as a	: (check one)							
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	and completion of a proficiency							
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		s 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 direxperience to conduct a mitigation verification inspection.</u>	ect employee who possesses	the requisite skill, knowledge, and						
-								
I, Ronald E. Bryant am a qualified inspector a (print name)	and I personally performed	the inspection or (licensed						
contractors and professional engineers only) I had my emplo	oyee (myself (print name of) perform the inspection f inspector)						
and I agree to be responsible for his/her work.	(F	,						
Qualified Inspector Signature:	Date: 12/26/2	2017						
An individual or entity who knowingly or through gross ne	gligence provides a false or	fraudulent mitigation verification form is						
subject to investigation by the Florida Division of Insurance	e Fraud and may be subject	to administrative action by the						
appropriate licensing agency or to criminal prosecution. (S								
certifies this form shall be directly liable for the misconduc performed the inspection.	t of employees as if the auth	orized mitigation inspector personally						
performed the hispection.								
<u>Homeowner to complete</u> : 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:I	Date:							
								
An individual on antity who becomingly provides on attento	folgo ou fuoudulont mitigati	on vonification form with the intent to						
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)	men ene marriadar or energ	is not entitled commits a misdemeanor						
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to cer	tify any product or construction feature						
•	.: "							
Inspectors Initials RB Property Address 501 East Bay D	Prive #2600	Largo						
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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





