## **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 Condominiums					Contact Person: R. Bryant			
	ss: 501 East Bay Dr. #2800			Home Phone:				
City: L		Zip:	33770	Work Phone:				
County				Cell Phone: (727) 243	3-0383			
	nce Company:			Policy #:				
Year o	f Home: 1975	# of Stories: 2	# of Stories: 2 Email: qscbuild@yahoo.cor		noo.com			
accom though	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.							
	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)							
$\checkmark$	C. Unknown or does not meet th	e requirements of Answer	r "A" or "B"					
OR	Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval numbe OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.							
	P 2.1 Roof Covering Type:	ermit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
	✓ 1. Asphalt/Fiberglass Shingle	6/21/19		2019				
	2. Concrete/Clay Tile							
	3. Metal	<del></del>						
	4. Built Up							
	5. Membrane							
	6. Other							
	<ul> <li>✓ 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.</li> <li>☐ 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.</li> <li>☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".</li> <li>☐ D. No roof coverings meet the requirements of Answer "A" or "B".</li> </ul>							
3. <u>Ro</u>	of Deck Attachment: What is the	·						
	A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" in by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shake shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an mean uplift less than that required for Options B or C below.							
	B. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common rother deck fastening system or maximum of 12 inches in the fie	eldOR- Any system of screquivalent or greater resistant	rews, nails, adhesives,					
<b>√</b>	C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common r decking with a minimum of 2 na Any system of screws, nails, add	nails spaced a maximum of ails per board (or 1 nail pohesives, other deck fasten	of 6" inches in the fier er board if each board ing system or truss/r	eldOR- Dimensional lumb d is equal to or less than 6 in after spacing that is shown	per/Tongue & Groove nches in width)OR-			
Inspectors Initials RB Property Address 501 East Bay Dr. #2800 Largo								

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	or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resist 182 psf.					
D. Reinforced Concrete Roof Deck.						
				nidentified.		
		G. No atti	ic acces	S.		
4.		of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within et of the inside or outside corner of the roof in determination of WEAKEST type)				
	Ш	A. Toe Na	☐ Tru	ss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to		
		[	_	top plate of the wall, or tal connectors that do not meet the minimal conditions or requirements of B, C, or D		
	Mir	nimal cond	itions t	o qualify for categories B, C, or D. All visible metal connectors are:		
	11111	_		eured to truss/rafter with a minimum of three (3) nails, and		
		[	Att the	ached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from blocking or truss/rafter <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe rosion.		
	✓	B. Clips	_			
		L	_	tal connectors that do not wrap over the top of the truss/rafter, or		
	_	L	pos	tal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail ition requirements of C or D, but is secured with a minimum of 3 nails.		
	Ш	C. Single		tal compactors consisting of a single stress that compactors the tag of the trace/soften and is accounted with a		
			mir	tal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a simum of 2 nails on the front side and a minimum of 1 nail on the opposing side.		
	Ш	D. Double	_ `			
		L	bea	tal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond m, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with inimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or		
				tal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on h sides, and is secured to the top plate with a minimum of three nails on each side.		
		<ul><li>E. Structu</li><li>F. Other:</li></ul>		Anchor bolts structurally connected or reinforced concrete roof.		
	Ħ			nidentified		
		H. No atti				
_	D	. <b></b>	3371.	4 is the confidence 2 (Decorate considerate for formula and account that are the first the forming constitution of the formula and the formula		
3.				at is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).		
		A. Hip Ro	oof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet		
		B. Flat Ro	oof	Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of		
	<b>√</b>	C. Other I	Roof	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft Any roof that does not qualify as either (A) or (B) above.		
6.		A. SWR ( sheathi dwellir B. No SW	(also cal ing or fon ng from /R.	sistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) led Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the barn adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the water intrusion in the event of roof covering loss.		
Ins	spec	tors Initial	s <u>RB</u>	Property Address 501 East Bay Dr. #2800 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 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) c 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. #2800 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 tax)	nswer "A", "B", or C" or system							
N.1 All Non-Glazed openings classified as Level A, B, C, on 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 Glaze		l 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 Inspec	License or Certificate #:						
Inspection Company:  Qualified Services Corporation Inc.	<u> </u>	one:						
•	(ahaak ana)	(727) 243-0383						
Oualified 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 Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.  I, Ronald E. Bryant am a qualified inspector and I personally performed the inspection or (licensed (print name)  contractors and professional engineers only) I had my employee (								
subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection.	ection 627.711(4)-(7), Florida	Statutes) The Qualified Inspector who						
<b>Homeowner to complete:</b> I certify that the named Qualified residence identified on this form and that proof of identification								
Signature:I	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 certi	fy any product or construction feature						
Inspectors Initials RB Property Address 501 East Bay D	r. #2800	Largo						
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Address Verification



Front Elevation



Side Elevation



Rear Elevation



Side Elevation



Front Elevation





Roof Slope Roof Slope



Field



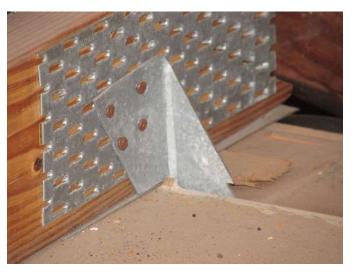
Nail Length



Field Measurement



**Roof Deck Attachment** 



Roof to Wall Attachment



SWR



SWR