Uniform Mitigation Verification Inspection Form

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

Inspe	ection Date: Wednesday, Jan		y documentation provi	idea with the mountainer	e poney			
	er Information	J ,						
	er Name:			Contact Person:				
Addr	ess: 8730 Thomas Dr.			Home Phone:				
City:	Panama City	Zip: 32408		Work Phone:				
Coun	ty: Bay			Cell Phone:				
Insur	ance Company:			Policy #:				
Year	of Home: 1985	# of Stories: 3		Email:				
accom	: Any documentation used i pany this form. At least one gh 7. The insurer may ask ac	photograph must accon	npany this form to valida	ite each attribute marked	l in questions 3			
the	ilding Code: Was the structur HVHZ (Miami-Dade or Brow A. Built in compliance with t after 3/1/2002: Building Pern B. For the HVHZ Only: Build provide a permit application C. Unknown or does not mee	rard counties), South Flor he FBC: Year Built nit Application Date (MM/D) to in compliance with the Swith a date after 9/1/1994 to the requirements of Ansovering types in use. Prov	rida Building Code (SFBC-For homes built in 2002/ For homes built in 2002/ FBC-94: Year Built	-94)? 2003 provide a permit app For homes built in 19 tion Date (MM/DD/YYYY)/_ date OR FBC/MDC Produ	lication with a date 94, 1995, and 1996/ net Approval number			
	Year of Original Installation/ vering identified. 2.1 Roof Covering Type:	Replacement OR Indicate Permit Application Date	that no information was a FBC or MDC Product Approval #	IVAIIABLE TO VETITY COMPLIAN Year of Original Installation or Replacement	No Information Provided for Compliance			
	1. Asphalt/Fiberglass Shingle							
	2. Concrete/Clay Tile							
	3. Metal							
	4. Built Up	_5_/_14_/2019_						
		/						
	5. Membrane	//						
	6. Other	/						
3. <u>Ro</u>	A. All roof coverings listed a installation OR have a roofin B. All roof coverings have a roofing permit application aff C. One or more roof covering D. No roof coverings meet the of Deck Attachment: What is A. Plywood/Oriented strand by staples or 6d nails spaced shinglesOR- Any system o mean uplift less than that req B. Plywood/OSB roof sheatl 24"inches o.c.) by 8d commo other deck fastening system of a maximum of 12 inches in the C. Plywood/OSB roof sheatl 24"inches o.c.) by 8d commo decking with a minimum of 2	g permit application date Miami-Dade Product Appler 9/1/1994 and before 3/2 gs do not meet the require e requirements of Answe the weakest form of root board (OSB) roof sheathin at 6" along the edge and f screws, nails, adhesives uired for Options B or Coming with a minimum thic on nails spaced a maximum or truss/rafter spacing that the field or has a mean upning with a minimum thic on nails spaced a maximum thic or nails spaced a maximum thic on nails spaced a maximum thic or nails spaced a	on or after 3/1/02 OR the proval listing current at tim /1/2002 OR the roof is origonements of Answer "A" or "r "A" or "B". If deck attachment? In attached to the roof trued 12" in the fieldOR-B, other deck fastening syst below. Schness of 7/16" inch attachem of 12" inches in the field tis shown to have an equilifit resistance of at least 10 inches of 7/16" inch attachem of 6" inches in the field.	roof is original and built in the of installation OR (for the ginal and built in 1997 or later). By: Ses/rafter (spaced a maximum atten decking supporting whem or truss/rafter spacing the december of truss/rafter (states). Any system of servalent or greater resistance of the proof truss/rafter (states). Set to the roof truss/rafter (states). Set to the roof truss/rafter (states). OR- Dimensional lumber of truss/rafter (states).	a 2004 or later. the HVHZ only) a later. am of 24" inches o.c.) wood shakes or wood that has an equivalent spaced a maximum of ews, nails, adhesives, a than 8d nails spaced spaced a maximum of the er/Tongue & Groove			
Incres	Any system of screws, nails,			er spacing that is shown to	have an equivalent or			

Inspectors Initials _ _ _ Property Address: _ 8730 Thomas Dr. _ _ *This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 5

		psf. D. Reinforced Concrete Roof Deck. E. Other: F. Unknown or unidentified.
4.		G. No attic access. Soft to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within eet of the inside 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
	M:	nimal conditions to qualify for sategories P. C. or D. All visible metal connectors are:
	IVII	nimal conditions 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.
		B. 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
	Ц	C. Single Wraps 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 Wraps
		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. E. Structural Anchor bolts structurally connected or reinforced concrete roof.
		F. Other: G. Unknown or unidentified H. No attic access
5.		of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of host structure 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. Total length of non-hip features: feet; Total roof system perimeter: feet
		B. Flat Roof 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 Roof Any roof that does not qualify as either (A) or (B) above.
6.		condary 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.
*]	his	ctors Initials Property Address: 8730 Thomas Dr verification form is valid for up to five (5) years provided no material changes have been made to the structure or
111	accu	iracies found on the form.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Page 2 of 5

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.

-	ening Protection Level Chart		Non-Glazed Openings				
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		n/a	n/a	n/a	n/a	n/a
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						
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	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.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, o
X in the table above
A 3 One or More Non-Glazed Onenings is classified as Level R. C. N. or Y in the table above

A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

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

\Box	C. EA	CIIUI	Opening	1 I OLECTION-	wou	Sti uctui ai	1 ancis	meeting	TDC 2	7007 AII	Glazcu	openings	arc	COVCICU	WILLI
plyw	ood/OS	B mee	eting the r	equirements o	f Table	1609.1.2 of	the FBC	2007 (Le	evel C in	the table	above).				
	☐ C.1 A	All Non	n-Glazed op	enings classific	ed as A, I	B, or C in the	table abo	ve, or no l	Non-Glaz	ed opening	gs exist				
				Glazed opening								s classified	as Le	evel N or I	X in

C Exterior Opening Protection, Wood Structural Panels meeting FRC 2007 All Glazed openings are covered with

the table above ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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N. Exterior Opening Protection (unverified shutter sys							
with no documentation of compliance (Level N in the table		ems that appear to meet Answer A of B					
☐ N.1 All Non-Glazed openings classified as Level A, B, C, or	N in the table above, or no No.						
	in the table above, and no Nor	n-Glazed openings classified as Level X in the					
N.3 One or More Non-Glazed openings is classified as Leve	X in the table above						
■ X. None or Some Glazed Openings One or more Glaz		evel X in the table above.					
M							
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi							
Qualified Inspector Name: S. Cory Brookins	License Type: Home Inspecto	License or Certificate #: HI-173					
Inspection Company: Five Star Inspections, LLC.		Phone: (850) 819-3388					
Qualified Inspector – I hold an active license as a: Home inspector licensed under Section 468.8314, Florida Statutes training approved by the Construction Industry Licensing Board a	who has completed the statuto						
☐ 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 Sta	tutes.						
Professional architect licensed under Section 481.213, Florida Sta							
Any other individual or entity recognized by the insurer as possess verification form pursuant to Section 627.711(2), Florida Statutes		s to properly complete a uniform mitigation					
Individuals other than licensed contractors licensed under S	Section 489.111, Florida Sta	atutes, or professional engineer licensed					
under Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dire experience to conduct a mitigation verification inspection.							
I, S. Cory Brookins am a qualified inspector and I persona	lly performed the inspection	on or (licensed					
(print name)		•					
contractors and professional engineers only) I had my emplo							
and I agree to be responsible for his/her work.	(print name o	f inspector)					
1							
Qualified Inspector Signature:	Date: _ 1/22/2020 _	_					
An individual or entity who knowingly or through gross neg							
subject to investigation by the Florida Division of Insurance							
appropriate licensing agency or to criminal prosecution. (Se certifies this form shall be directly liable for the misconduct							
performed the inspection.	or employees as if the auti	ionzeu integation inspector personany					
Hamanumar to camplate I cortify that the named Qualified	Ingractor or his or har appl	lavos did norform an inspection of the					
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification							
Signature:	Date:						
							
An individual or entity who knowingly provides or utters a	false or fraudulent mitigat	ion verification form with the intent to					
obtain or receive a discount on an insurance premium to wh	ich the individual or entity	y 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.							
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inaccuracies found on the form.	v	/2 5 2 2 4 4					
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 4 of 5							

Roof Shape:



Roof to Wall Connection:



Decking Connection:



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