Uniform Mitigation Verification Inspection Form

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

Inspection Date: **09/17/2019**

Owne	r Inform	ation						
Owne	r Name:	Sam Weitz			Contact Per	rson: Sam Weit	z	
Addre	ess:	3138 sw goldenglow dr			Home Phone:			
City:		Palm City	Zip: 34990		Work Phone	e :		
Count	ty:	Martin			Cell Phone	2536323733		
Insurance Company: Policy #:								
Year o	f Home:	2008	# of Stories: 2		Email: swe	itz007@aol.com	n	
accon	npany thi	cumentation used in valid s form. At least one photog insurer may ask additiona	graph must accompany	this form to validate	e each attrib	oute marked in o		
	_	ode: Was the structure built ne HVHZ (Miami-Dade or E	-	_	*		r homes	
~		t in compliance with the FF er 3/1/2002: Building Pern					ication with a	
	B. For t 1996 pr	he HVHZ Only: Built in corovide a permit application	ompliance with the SFB	C-94: Year Built	For	- homes built in 1	994, 1995, and	
		nown or does not meet the	 requirements of Answer	"A" or "B"				
nu	mber OR	ings: Select all roof covering Year of Original Installation overing identified.				able to verify co	ompliance for	
	2.1 Roof	Covering Type	Permit Application Date	FBC or MDC Product Approval #	¥	Year of Original Installation or Replacement	No Information Provided for Compliance	
	1. Asj	phalt/Fiberglass Shingle	//					
	✓ 2. Co	ncrete/Clay Tile	//	-		2008		
	☐ 3. Me	etal	//					
	4. Bui	ilt Up	//					
	5. Me	embrane	//	-				
	☐ 6. Oth	her	//					
\checkmark		oof coverings listed above tion OR have a roofing per				-		
	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 requiremen	its of Answer "A" or "	В".			
	D. No ro	oof coverings meet the requ	airements of Answer "A	" or "B".				
3. <u>Ro</u>	of Deck A	Attachment: What is the we	eakest 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.							
~	maximu lumber/	wood/OSB roof sheathing warm of 24"inches o.c.) by 8d/Tongue & Groove decking n 6 inches in width)OR-	common nails spaced a with a minimum of 2 n	a maximum of 6" inch ails per board (or 1 na	nes in the fiel ail per board	dOR- Dimens if each board is	ional equal to or	
Inspe	ectors Init	tials <u>CB</u> Pr	operty Address	3138 sw goldenglow di	r, Palm City,	Fl 34990	_	
*Thi	s verificat	tion form is valid for up to	five (5) years provided	no material changes	have been m	nade to the struc	cture or	
inaco	curacies fo	ound on the form. (Rev. 01/12) Adopted by Ri				Page 1 of		

		in the field or has a mean uplift resistance of at least 182 psf.										
		D. Reinforced Concrete Roof Deck.										
		E. Other:										
		F. Unknow	n or unide	ntified.								
		G. No attic	access.									
4.							wall connection			achment of	fhip/valley ja	cks
		A. Toe Nai							J1 /			
			Truss/rat	ter anchor		te of wall us	ing nails driv	en at an ar	ngle through	the truss/ra	after and attac	hed to
			Metal co	nnectors t	hat do not m	eet the mini	mal condition	ns or requi	rements of B.	, C, or D		
	Mi	nimal cond	litions to c	ualify for	categories l	3, C, or D. A	All visible met	tal connec	tors are:			
		~			_		ree (3) nails,					
		Y		blocking							ss than a 1/2" g of visible sev	
	\checkmark	B. Clips										
		\checkmark	Metal co	nnectors t	hat do not w	rap over the	top of the trus	ss/rafter, o	r			
							p that wraps of secured with a			rafter and	does not meet	the
		C. Single V	Wraps									
							p that wraps o minimum of 1				is secured wit	h a
		D. Double	Wraps									
			beam, or	either sic	le of the truss	/rafter where	•	raps over t	the top of the	truss/rafte	bedded in the area and is secure	
			Metal co	nnectors	consisting of	a single stra		over the to	p of the truss	/rafter, is s	ecured to the v	wall on
		E. Structura	al Anchor	bolts stru	cturally conn	ected or reir	nforced concre	ete roof.				
		F. Other										
		G. Unknow	vn or unid	entified								
		H. No attic	access									
5.	5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).						or					
	✓	A. Hip Ro					greater than 10 feet;					
		B. Flat Ro	ro		of less than 2		units where a					
		C. Other R			•	ialify as eith	ner (A) or (B) a	above.				
6	Soc	andary Wa	tar Pasist	ance (SW	D). (standard	underlayme	ents or hot-mo	nned felts	do not quali	fy ac an SV	VP)	
0.		-				-			_	-		ootly.
	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 SW	R.									
	✓	C. Unkno	wn or und	etermined								
I	nspe	ctors Initials	s		Property Ac	ldress	3138 sw gol					

spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches

^{*}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.

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.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Glazed C	Non-Glazed Openings			
			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		Х	Х	Х	Х	
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	Х					
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						Х
N	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						
X	No Windborne Debris Protection						

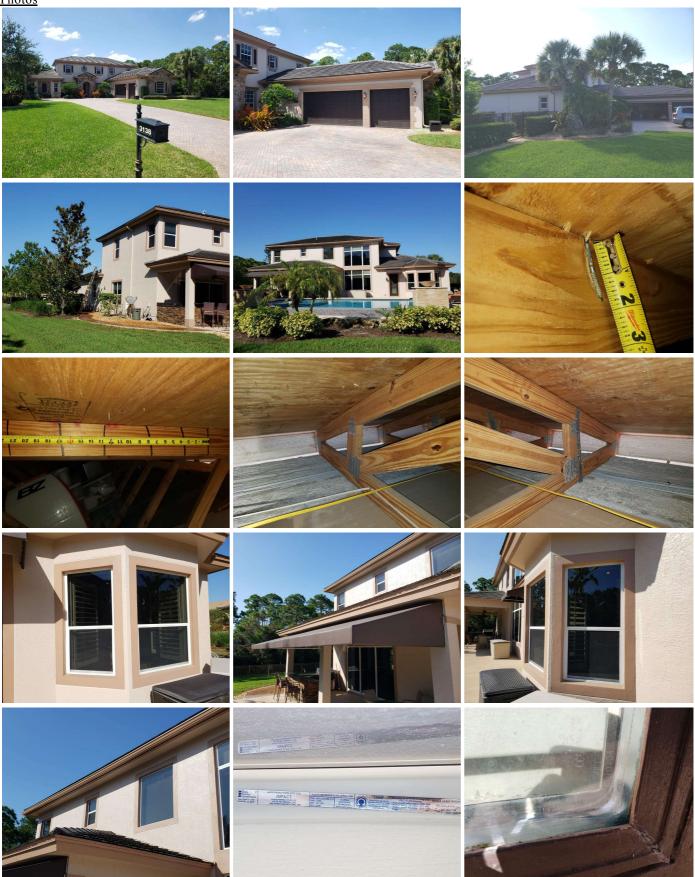
- A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County 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 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 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
- □ <u>C. Exterior Opening Protection-Wood Structural Panels meeting FBC 2007</u> 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).
 - □ C.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

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☐ N. Exterior Opening Protection (unverifi								
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								
classified as Level X in the table above								
☐ N.3 One or More Non-Glazed opening	s is classified as Level X in the	table above						
☐ X. None or Some Glazed Openings One o	r more Glazed openings classif	ed and Level X in the table above).					
THE ATTION INCOME CONTINUES								
MITIGATION INSPECTIONS		-						
Section 627.711(2), Florida Statu	• 1		form.					
Qualified Inspector Name: Corey Brasfield	License Type: Home Inspector	License or Certificate #: HI11072						
Inspection Company: Brasfield Home Inspection		Phone: (561) 320-2319						
Qualified Inspector - I hold an active lice	ense as a: (check one)							
✓ Home inspector licensed under Section 468.8314 training approved by the Construction Industry L			ricane mitigation					
☐ Building code inspector certified under Section 40								
☐ General, building or residential contractor license		tatutes.						
Professional engineer licensed under Section 471	·							
□ Professional architect licensed under Section 481□ Any other individual or entity recognized by the i		qualifications to properly complete a w	niform mitigation					
verification form pursuant to Section 627.711(2),		quantications to property complete a ti	mom mugation					
licensed under Section 471.015, Florida Statutes persons. Licensees under s.471.015 or s.489.111 knowledge, and experience to conduct a mitigat I, Corey Brasfield am a qualified inspector (print name) and professional engineers only) I had my empl be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or throughout inspector by the Florida Description to the appropriate licensing agency or to criminal Inspector who certifies this form shall be directly inspector personally performed the inspection.	may authorize a direct emploion verification inspection. r and I personally performed oyee (the inspection or (licensed contraction) perform the inspection and I agreetor) 09/17/2019 a false or fraudulent mitigation vid may be subject to administratic (4)-(7), Florida Statutes) The Que	verification ve action by alified					
inspector per somming per tor mea the inspection								
Homeowner to complete: I certify that the named residence identified on this form and that proof of Signature:	f identification was provided to	me or my Authorized Representa						
An individual or entity who knowingly provides obtain or receive a discount on an insurance promisdemeanor of the first degree. (Section 627.7)	emium to which the individua							
The definitions on this form are for inspection feature as offering protection from hurricanes.	• •	sed to certify any product or con	struction					
Inspectors Initials CB Property	Address 3138 sw golden	glow dr. Palm City Fl 34000						
	<u>'</u>		_					
*This verification form is valid for up to five (5 inaccuracies found on the form.) years provided no material cl	nanges have been made to the stru	icture or					
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Photos





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