

## **Uniform Mitigation Verification Inspection Form**

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

| Inspection Date: 05/28/2015            |                 |       |             |  |  |  |  |
|--|-----------------|-------|-------------|--|--|--|--|
| Owner Information                      |                 |       |             |  |  |  |  |
| Owner Name: Harbor Isles COA of Brevar | Contact Person: |       |             |  |  |  |  |
| Address: 660 S Brevard Ave             | Home Phone:     |       |             |  |  |  |  |
| City: Cocoa Beach                      | Zip:            | 32931 | Work Phone: |  |  |  |  |
| County: Brevard                        |                 |       | Cell Phone: |  |  |  |  |
| Insurance Company:                     | Policy #:       |       |             |  |  |  |  |
| Year of Home: 1995                     | # of Stories: 4 |       | Email:      |  |  |  |  |
|  |                 |       |             |  |  |  |  |

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. <u>Building Code</u>: 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)
  - C. Unknown or does not meet the requirements of Answer "A" or "B"
- <u>Roof Covering:</u> 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.

| 2.1 Roof Covering Type:       | Permit Application<br>Date | FBC or MDC<br>Product Approval # | Year of Original Installation or<br>Replacement | No Information<br>Provided for<br>Compliance |
|-------------------------------|----------------------------|----------------------------------|---|--|
| 1. Asphalt/Fiberglass Shingle |                            |                                  | Approx. 2005                                    |  |
| 2. Concrete/Clay Tile         |                            |                                  |   |  |
| 3. Metal                      |                            |                                  |   |  |
| 4. Built Up                   |                            |                                  |   |  |
| 5. Membrane                   |                            |                                  |   |  |
| 6. Other                      |                            |                                  |   |  |

- 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.
- 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. <u>Roof Deck Attachment</u>: What is the <u>weakest</u> 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d 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 field. -OR- 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 Inspectors Initials Address 660 S Brevard Ave

\*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.

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|    |          |  |  |   | pacing that is shown to have an equivalent<br>d or has a mean uplift resistance of at least      |
|----|----------|--|--|---|--|
|    |          | -  | d Concrete Roof Deck.  |   |  |
|    |          |  |  |   |  |
|    |          |  | or unidentified.   |   |  |
|    |          | G. No attic ad   | ccess.   |   |  |
| 4. |          |  |  | <b><u>EST</u></b> roof to wall connection? (Do not ind<br>to determination of WEAKEST type) | clude attachment of hip/valley jacks within  |
|    |          | A. Toe Nails   |  |   |  |
|    |          |  | Truss/rafter anchored to top p the top plate of the wall, or | late of wall using nails driven at an ang   | gle through the truss/rafter and attached to   |
|    |          |  | Metal connectors that do not n                               | neet the minimal conditions or requireme  | ents of B, C, or D   |
|    | Mir      | nimal conditio   | ns to qualify for categories <b>B</b> ,                      | C, or D. All visible metal connectors   | are:   |
|    |          |  |  | ninimum of three (3) nails, and   |  |
|    | _        | $\boxtimes$  |  | of the wall framing, or embedded in the d blocked no more than 1.5" of the truss            | bond beam, with less than a <sup>1</sup> /2" gap from /rafter, <b>and</b> free of visible severe |
|    | Ш        | B. Clips   |  |   |  |
|    |          | 님  |  | vrap over the top of the truss/rafter, or   |  |
|    |          |  | position requirements of C or I                              | num of 1 strap that wraps over the top o D, but is secured with a minimum of 3 n            | f the truss/rafter and does not meet the nail ails.  |
|    | X        | C. Single Wra  | Metal connectors consisting of                               |   | p of the truss/rafter and is secured with a  |
|    |          | D. Dauble W  |  | nt side and a minimum of 1 nail on the o  | pposing side.  |
|    |          | D. Double W  | *  | f 2 separate straps that are attached to th   | a well from a crambaddad in the band   |
|    |          |  | beam, on either side of the trus                             |   | e top of the truss/rafter and is secured with  |
|    |          |  |  | f a single strap that wraps over the top of<br>the top plate with a minimum of three nail   | f the truss/rafter, is secured to the wall on ls on each side.                                   |
|    |          | <ul><li>E. Structural</li><li>F. Other:</li></ul>                                    | Anchor bolts structurally                                    | connected or reinforced concrete roof.  |  |
|    |          |  | or unidentified  |   |  |
|    |          | H. No attic ac   |  |   |  |
| 5. |          |  |  | consider roofs of porches or carports th<br>termination of roof perimeter or roof are       | at are attached only to the fascia or wall of ea for roof geometry classification).              |
|    |          | A. Hip Roof  | *  | of shapes greater than 10% of the total ro  |  |
|    |          | B. Flat Roof   | -  | or more units where at least 90% of the   | main roof area has a roof slope of   |
|    | $\times$ | C. Other Roo   | less than 2:12. Roof area of Any roof that does not qua      | alify as either (A) or (B) above.   | ; Total roof area sq ft  |
| 6. | Sec      | <ul> <li>A. SWR (also sheathing of dwelling final sheathing of B. No SWR.</li> </ul> | called Sealed Roof Deck) Sel                                 | (not foamed-on insulation) applied as a   | ofing underlayment applied directly to the   |
| In | spec     | tors Initials  | Property Address <u>660 S</u>                                | Brevard Ave   | Cocoa Beach  |
|    |          | verification for<br>racies found o   |  | ears provided no material changes hav   | ve been made to the structure or   |
|    |          | 1-1802 (Rev. 0   | 01/12) Adopted by Rule 690-1<br>HonorConstruction.com        | 170.0155<br>Contact@HonorConstruction.con   | <i>Page 2 of 4</i><br>n 321-327-2950   |

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 |  |                              | Glazed Openings |           |                |                |                 |  |
|--------------------------------|--|------------------------------|-----------------|-----------|----------------|----------------|-----------------|--|
| openi<br>form (                | an "X" in each row to identify all forms of protection in use for each<br>ng type. Check only one answer below (A thru X), based on the weakest<br>of protection (lowest row) for any of the Glazed openings and indicate<br>eakest form of protection (lowest row) for Non-Glazed openings. | Windows<br>or Entry<br>Doors | Garage<br>Doors | Skylights | Glass<br>Block | Entry<br>Doors | Garage<br>Doors |  |
| N/A                            | Not Applicable- there are no openings of this type on the structure  |                              | X               | X         | Х              |                | X               |  |
| 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  |                              |                 |           |                |                |                 |  |
| N                              | Opening Protection products that appear to be A or B but are not verified  |                              |                 |           |                |                |                 |  |
| IN                             | Other protective coverings that cannot be identified as A, B, or C   |                              |                 |           |                |                |                 |  |
| х                              | No Windborne Debris Protection   | Х                            |                 |           |                | X              |                 |  |

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/OSI | B meeting | the requireme | nts of T | able 1609.1 | .2 of the | FBC 2007 | 7 (Lev | el C in | the | table abo | ove).    |     |         |      |

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

Inspectors Initials Property Address 660 S Brevard Ave

Cocoa Beach

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| N. Exterior Opening Protection (unverified shutter systems with no docur<br>protective coverings not meeting the requirements of Answer "A", "B", or C"<br>with no documentation of compliance (Level N in the table above).  | <b><u>mentation</u></b> All Glazed openings are protected with or systems that appear to meet Answer "A" or "B"                                       |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| 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 D in the table above, and table above   |   |  |  |  |  |  |  |
| 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 Glazed openings classified a  | and Level X in the table above  |  |  |  |  |  |  |
| A rone of bone Guzed openings one of more Guzed openings etussified   |   |  |  |  |  |  |  |
| <b>MITIGATION INSPECTIONS MUST BE CERTIFIED BY A Q</b><br>Section 627.711(2), Florida Statutes, provides a listing of individ   |   |  |  |  |  |  |  |
| Qualified Inspector Name:     License Type:       Brian C. Hoagland     Home Inspector  | License or Certificate #:<br>HI771  |  |  |  |  |  |  |
| Inspection Company:<br>Honor Construction Inspection Service  | Phone: <b>321-327-2950</b>  |  |  |  |  |  |  |
| •   |   |  |  |  |  |  |  |
| <ul> <li>Qualified Inspector – I hold an active license as a: (check one)</li> <li>➢ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the training approved by the Construction Industry Licensing Board and completion of a profibuilding code inspector certified under Section 468.607, Florida Statutes.</li> <li>□ General, building or residential contractor licensed under Section 489.111, Florida Statute</li> <li>□ Professional engineer licensed under Section 471.015, Florida Statutes.</li> <li>□ Professional architect licensed under Section 481.213, Florida Statutes.</li> <li>□ Any other individual or entity recognized by the insurer as possessing the necessary quality verification form pursuant to Section 627.711(2), Florida Statutes.</li> </ul> | iciency exam.   |  |  |  |  |  |  |
| Individuals other than licensed contractors licensed under Section 489.111, Flori         under Section 471.015, Florida Statues, must inspect the structures personally an         Licensees under s.471.015 or s.489.111 may authorize a direct employee who pose         experience to conduct a mitigation verification inspection.         I, Brian C. Hoagland (print name)         contractors and professional engineers only) I had my employee (  | nd not through employees or other persons.<br>ssesses the requisite skill, knowledge, and   |  |  |  |  |  |  |
| and I agree to be responsible for his/her work.<br>Qualified Inspector Signature:   | 5/28/2015   |  |  |  |  |  |  |
| An individual or entity who knowingly or through gross negligence provides a fa<br>subject to investigation by the Florida Division of Insurance Fraud and may be s<br>appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7),<br>certifies this form shall be directly liable for the misconduct of employees as if th<br>performed the inspection.  | alse or fraudulent mitigation verification form is<br><u>subject to administrative action by the</u><br>Florida Statutes) The Qualified Inspector who |  |  |  |  |  |  |
| Homeowner to complete: I certify that the named Qualified Inspector or his or he residence identified on this form and that proof of identification was provided to me of   |   |  |  |  |  |  |  |
| Signature: Date:  |   |  |  |  |  |  |  |
| An individual or entity who knowingly provides or utters a false or fraudulent m<br>obtain or receive a discount on an insurance premium to which the individual or<br>of the first degree. (Section 627.711(7), Florida Statutes)  |   |  |  |  |  |  |  |
| The definitions on this form are for inspection purposes only and cannot be used as offering protection from hurricanes.  | l to certify any product or construction feature  |  |  |  |  |  |  |
| Inspectors Initials Troperty Address 660 S Brevard Ave  | Cocoa Beach   |  |  |  |  |  |  |
| *This verification form is valid for up to five (5) years provided no material chan<br>inaccuracies found on the form.<br>OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155   | nges have been made to the structure or<br>Page 4 of 4  |  |  |  |  |  |  |

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Front



Front



Rear



Right





8d Nail



Nail Spacing



Single wrap



Single wrap



Plywood