

Uniform Mitigation Verification Inspection Form

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

| Inspection Date: 09/20/2019 | | - | | | | | |
|--|--|----------------------------------|---|--|--|--|--|
| Owner Information | | | | | | | |
| Owner Name: Harbor Isles Condominium Association | | | Contact Person: | | | | |
| Address: 530 S. Brevard Ave | | | Home Phone: | | | | |
| City: Cocoa Beach | Zip: | 32931 | Work Phone: | | | | |
| County: Brevard | | | Cell Phone: | | | | |
| Insurance Company: | | | Policy #: | | | | |
| Year of Home: 1990 | # of Stories: 2 | 2 | Email: | | | | |
| NOTE: Any documentation used in vaccompany this form. At least one ph though 7. The insurer may ask additional transfer of the second s | otograph must accor | mpany this form to valid | late each attribute marke | d in questions 3 | | | |
| 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) | | | | | | | |
| provide a permit application wit. C. Unknown or does not meet the | | 0 11 | ation Date (MM/DD/YYYY) | | | | |
| C. Unknown or does not meet the requirements of Answer "A" or "B" Roof Covering: 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. | | | | | | | |
| | ermit Application Date | FBC or MDC Product Approval # | Year of Original Installation or Replacement | No Information Provided for Compliance | | | |
| ★ 1. Asphalt/Fiberglass Shingle | 05/24/2010 | Permit# 10-1080 | | | | | |
| 2. Concrete/Clay Tile | // | | | | | | |
| _ | _/_/ | | | | | | |
| = | // | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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) | | | | | | | |
| roofing permit application after | | | | | | | |
| C. One or more roof coverings d | o not meet the require | ements of Answer "A" or | "B". | | | | |
| D. No roof coverings meet the re | equirements of Answe | er "A" or "B". | | | | | |
| 3. Roof Deck Attachment : What is the | e weakest form of roo | f 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 woo 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. 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 | | | | | | | |
| other deck fastening system or maximum of 12 inches in the fie | 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. | | | | | | |
| 24"inches o.c.) by 8d common in decking with a minimum of 2 na Any system of screws, nails, ad | C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a max 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber/Tongue 8d 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 wide Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an espectors Initials [Mathematical Property Address] 570 S. Brevard Ave Cocoa Beach Fl 32931 | | | | | | |
| Inspectors Initials $\underline{J^{W}}$ Property Ad | dress 570 S. Breva | rd Ave Cocoa Beach | H 32931 | | | | |

*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 4

| 1 | , | |
|----------|--|------|
| 4 | or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at le 182 psf. | as |
| | D. Reinforced Concrete Roof Deck. | |
| | E. Other: | |
| | F. Unknown or unidentified. | |
| | G. No attic access. | |
| | f to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks with of the inside or outside corner of the roof in determination of WEAKEST type) | nin |
| | A. Toe Nails | |
| | Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached the top plate of the wall, or | l to |
| | Metal connectors that do not meet the minimal conditions or requirements of B, C, or D | |
| Mir | imal 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. | n |
| \times | 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 position requirements of C or D, but is secured with a minimum of 3 nails. | ıai |
| Ш | C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured wit | h ' |
| | minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side. | 11 6 |
| | 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 wi a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or | th |
| | Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall of both sides, and is secured to the top plate with a minimum of three nails on each side. | n |
| | E. Structural Anchor bolts structurally connected or reinforced concrete roof. | |
| | F. Other: | |
| | G. Unknown or unidentified | |
| | H. No attic access | |
| | f Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall nost structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification). | of |
| | 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 | |
| \times | 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. | |
| | A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to t 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. | he |
| | B. No SWR. C. Unknown or undetermined. | |
| Inspec | ors Initials <u>JW</u> Property Address 570 S. Brevard Ave Cocoa Beach Fl 32931 | |

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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.

| Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each | | Glazed Openings | | | | Non-Glazed Openings | |
|---|--|------------------------------|-----------------|-----------|----------------|------------------------|-----------------|
| openi form | 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 | | × | X | X | | 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 | × | | | | 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 <u>and</u> 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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Inspectors Initials JW Property Address 570 S. Brevard Ave Cocoa Beach Fl 32931

| 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 ta | able above). | | | | |
| N.1 All Non-Glazed openings classified as Level A, B, C, o | | | | | |
| N.2 One or More Non-Glazed openings classified as Level table above | D in the table above, and no No | on-Glazed openings classified as Level X in the | | | |
| N.3 One or More Non-Glazed openings is classified as Lev | el X in the table above | | | | |
| X. None or Some Glazed Openings One or more Glaz | ed openings classified and L | Level X in the table above. | | | |
| MITIGATION INSPECTIONS MUST I | RE CERTIFIED RY A OUA1 | LIFIED INSPECTOR | | | |
| Section 627.711(2), Florida Statutes, prov | ~ | | | | |
| Jeffrey R Williams | Home Inspector | HI-8705 | | | |
| Inspection Company: Honor Services | | Phone: (321) 327-2950 | | | |
| Qualified Inspector – I hold an active license as a | : (check one) | | | | |
| X Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board | and completion of a proficience | | | | |
| 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 S Professional architect licensed under Section 481.213, Florida S | | | | | |
| Any other individual or entity recognized by the insurer as posses | | ons to properly complete a uniform mitigation | | | |
| verification form pursuant to Section 627.711(2), Florida Statute | | ons to property complete a uniform imagation | | | |
| Individuals other than licensed contractors licensed under | | | | | |
| under Section 471.015, Florida Statutes, must inspect the s Licensees under s.471.015 or s.489.111 may authorize a dir | | | | | |
| experience to conduct a mitigation verification inspection. | cet employee who possesse | s the requisite skin, knowledge, and | | | |
| | and I personally performed | d the inspection or (licensed | | | |
| (print name) contractors and professional engineers only) I had my emple | ovoo (|) perform the inspection | | | |
| | (print name | | | | |
| and I agree to be responsible for his/her work. Oualified Inspector Signature: | - 00/2 | 0/2010 | | | |
| Qualified Inspector Signature: | Date: 09/2 | 0/2019 | | | |
| An individual or entity who knowingly or through gross no | egligence provides a false o | r fraudulent mitigation verification form is | | | |
| subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (S | e Fraud and may be subje | ect to administrative action by the | | | |
| certifies this form shall be directly liable for the misconduc | | | | | |
| performed the inspection. | | | | | |
| Homeowner to complete: I certify that the named Qualifie | d Inspector or his or her emp | ployee did perform an inspection of the | | | |
| residence identified on this form and that proof of identification | | Authorized Representative. | | | |
| Signature: | Date: 09/20/2019 | | | | |
| | | | | | |
| 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) | hich the individual or enti | ty is not entitled commits a misdemeanor | | | |
| The definitions on this form are for inspection purposes on | ly and cannot be used to c | ertify any product or construction feature | | | |
| as offering protection from hurricanes. | | | | | |
| Inspectors Initials <u>JW</u> Property Address <u>570 S. Brevar</u> | d Ave Cocoa Beach F | l 32931 | | | |
| *This verification form is valid for up to five (5) years provinaccuracies found on the form. | vided no material changes | have been made to the structure or | | | |
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| www.HonorServices.com ClientCare@H | lonorServices.com | 321-327-2950 | | | |



Front (Left)



Front (Right)



Left



Right



Rear (Left) Rear (Right)







Address 8D nails





6in nail pattern 6in nail patter





Clips - with minimum three nails SWR

www.HonorServices.com ClientCare@HonorServices.com 321-327-2950