

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: 540 S. Brevard Av			Home Phone:			
City: Cocoa Beach	Zip:	32931	Work Phone:			
County: Brevard			Cell Phone:			
Insurance Company:			Policy #:			
Year of Home: 1989	# of Stories:	4	Email:			
NOTE: Any documentation us accompany this form. At least though 7. The insurer may ask	one photograph must acc	ompany this form to valid	late each attribute marke	ed in questions 3		
_	Broward counties), South Fl with the FBC: Year Built ilding Permit Application I	orida Building Code (SFBC For homes built Date (MM/DD/YYYY)	C-94)? in 2002/2003 provide a pe	rmit application with		
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)						
 Roof Covering: Select all ro OR Year of Original Installat covering identified. 						
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. Asphalt/Fiberglass Shingle	06/09/2008	Permit# 08-1108				
☐ 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 cov	erings do not meet the requ	irements of Answer "A" or	"B".			
D. No roof coverings me	et the requirements of Ansv	wer "A" or "B".				
3. Roof Deck Attachment: Wh	at is the weakest form of ro	oof 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. 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 fieldOR- Any system of screws, nails, adhesives 						
other deck fastening sys maximum of 12 inches in	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. 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 fieldOR- 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- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent actors Initials Property Address 540 S. Brevard Ave Cocoa Beach Fl 32931					
24"inches o.c.) by 8d co decking with a minimum Any system of screws, n						
Inspectors Initials J W Prope	erty Address <u>540 S. Brev</u>	ard Ave Cocoa Beach	FI 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

- 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 lea 182 psf.
	D. Reinforced Concrete Roof Deck.
	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
	oof to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within feet of the inside or outside corner of the roof in determination of WEAKEST type)
Ш	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
	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
M	inimal 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.
\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 national position requirements of C or D, but is secured with a minimum of 3 nails.
Ш	C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with
	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
Ш	H. No attic access
	oof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall on the element of 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
\boxtimes	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof areasq ft C. Other Roof Any roof that does not qualify as either (A) or (B) above.
	econdary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
X	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.
. –	
ınspe	ctors Initials <u>JW</u> Property Address 540 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 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 Openings				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		×
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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N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of A with no documentation of compliance (Level N in the tax	nswer "A", "B", or C" or sy	
N.1 All Non-Glazed openings classified as Level A, B, C, o	·	Ion-Glazed openings exist
N.2 One or More Non-Glazed openings classified as Level table above		,
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		Level X in the table above.
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov	~	
Jeffrey R Williams	License Type: Home Inspector	License or Certificate #: HI-8705
Inspection Company: Honor Services	Tiome mspector	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		atory number of hours of hurricane mitigation
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 Sectio		
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 posse		ons to properly complete a uniform mitigation
verification form pursuant to Section 627.711(2), Florida Statute		ons to properly complete a uniform mitigation
Individuals other than licensed contractors licensed under		
under Section 471.015, Florida Statutes, must inspect the s		
<u>Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection.</u>	ect employee who possesse	es the requisite skill, knowledge, and
I, Jeffrey R. Williams am a qualified inspector a	and I personally performe	d the inspection or (licensed
(print name) contractors and professional engineers only) I had my empl) perform the inspection of inspector)
and I agree to be responsible for his/her work.	- ` /	
Qualified Inspector Signature:	Date: 09/2	20/2019
An individual or entity who knowingly or through gross no 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	et of employees as if the au	thorized mitigation inspector personally
performed the inspection.		
Homeowner to complete: I certify that the named Qualifie residence identified on this form and that proof of identification	n was provided to me or my	
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)		
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to c	ertify any product or construction feature
Inspectors Initials $\underline{\mathcal{IW}}$ Property Address 540 S. Brevar	d Ave Cocoa Beach F	l 32931
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OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155		Page 4 of 4
www.HonorServices.com ClientCare@H	lonorServices.com	321-327-2950



Front (Left)



Front (Right)



Left



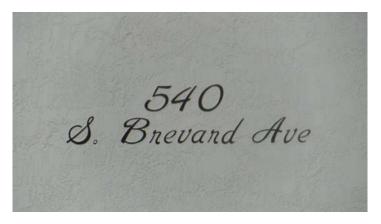
Right



Rear (Left)



Rear (Right)





Address 8D nails





6in nail pattern 6in nail patter





Clips - with minimum three nails SWR

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