Uniform Mitigation Verification Inspection Form Maintain a copy of this form with the insurance policy

| Inspection Date: 9/23/11 | | | | | | |
|--|---|---|--|--|--|--|
| Owner Information | | | | | | |
| Owner Name: East wood 5h | orest 4 | Contact Person: | | | | |
| Address: 1855 Bough AL | E | Home Phone: | | | | |
| City: Clearwater | ores 4 E Zip: 33760 | Work Phone: | | | | |
| County: Pinellas | | Cell Phone: | | | | |
| Insurance Company: | | Policy #: | | | | |
| Year of Home: | # of Stories: Fwo | Email: | | | | |
| 1 Rouge Walts | | | | | | |
| personally conducted the inspection of | (print name of the individu of the residence identified on this fo | al who actually performed the inspection), orm and in my professional opinion, all the | | | | |
| data I reported is true and correct. | in the second of this it | min and in my professional opinion, an the | | | | |
| 1. Building Code: What building code w | as used to design and build the structure? | • | | | | |
| A. 1994 South Florida Building Co | ode (building permit application date of 9. Velocity Hurricane Zone (HVHZ)). | /1/1994 or later in Miami-Dade and Broward | | | | |
| B. Building code prior to the 1994 in Miami-Dade and Broward Coun | South Florida Building Code (building r | permit application date of 8/31/1994 or earlier | | | | |
| | ilding permit application date of 3/1/2000 | 2 or later outside the HVH7) | | | | |
| D. Building code prior to the 2001 the HVHZ). | Florida Building Code (building permit | application date of 2/28/2002 or earlier outside | | | | |
| E. Unknown or undetermined. | | | | | | |
| 2. Predominant Roof Covering: Permit Application Date: 6/3/09 | or Date of Installation | | | | | |
| A. At a minimum meets the 2001 I | Florida Building Code or the 1994 South | Florida Building Code and has a Mismi Dodo | | | | |
| A. At a minimum meets the 2001 Florida Building Code or the 1994 South Florida Building Code and has a Miami-Dade NOA or FBC 2001 Product Approval listing demonstrating compliance with ASTM D 3161 (enhanced for 110MPH) OR ASTM D 7158 (F, G or H), OR FBC TAS 100-95 and TAS 107-95, OR FMRC 4470 and/or 4471 (for metal roofs). | | | | | | |
| Does not meet the above minimum requirements. | | | | | | |
| ☐ C. Unknown or undetermined. | | | | | | |
| NOTE: At least one photo documenting the existence of each visible and accessible construction or mitigation attribute marked in Sections 3 through 9 must accompany this form. | | | | | | |
| 3. Roof Deck Attachment: What is the w | 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" 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 resistance of 55 psf. | | | | | | |
| B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 8d common nails spaced 6" along the edge and 12" in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 103 psf. | | | | | | |
| C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 8d common nails spaced 6" along the edge and 6" in the fieldOR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per boardOR- Any system of screws, nails, adhesives, other deck fastening system of truss/rafter spacing that has an equivalent mean uplift resistance of 182 psf. D. Reinforced Concrete Roof Deck. | | | | | | |
| Inspectors Initials BW Property Address 1855 Bough AVE | | | | | | |
| *This verification form is valid up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 02/10) Adopted by Rule 69O-170.0155 Page 1 of 4 | | | | | | |

| | | E. | Other: | | | |
|-----|---------------|-------------|-------------------------------------|--|--|--|
| | O | | | | | |
| | | G. | No attic acce | ess. | | |
| 4. | Roc | of te | Wall Attach | ment: What is the weakest roof to | wall connection? | |
| | | .ar | Toe Nails | Rafter/truss anchored to top plate to the top plate of the walf. | of wall using nails driven at an angle thro | ugh the rafter/truss and attached |
| | The same | | Clips | type clip) of the rafter/truss and a | r/truss that are nailed to one side (or both a attached to the top plate of the wall frame | or embedded in the bond beam. |
| | Γ., | | | to the opposite side of the rafter/t of the wall frame or embedded in | every rafter/truss with a minimum of 3 nai truss with a minimum of 1 nail. The Strap I the bond beam in at least one place. | must be attached to the top plate |
| | O | D. | Double Wrap | and securing to the opposite side to the top plate of the wall frame | ed to every rafter/truss with a minimum or of the rafter/truss with a minimum of 1 na or embedded in the bond beam in at least | ail. Each Strap must be attached |
| | | Ε. | Structural | Anchor belts structurally connects | ed or reinforced concrete roof. | |
| | i | | | | Ph. North Phinasses of expenses | |
| | [| | Unknown or ! | | | |
| | 1 | Н. | No attic acc | ess | | |
| 5. | and | no | t structurally co | at is the roof shape(s)? (Porches or onnected to the main roof system a | carports that are attached only to the fasc re not considered in the roof geometry det | ia or wall of the host structure termination.) |
| | Below | A. | Hip Roof | Hip roof with no other ro | oof shapes greater than 10% of the total bu | ilding perimeter. |
| | Ĺ. | В. | Non-Hip Roo | Any other roof shape or other roof shapes not inc | combination of roof shapes including hip, sluding flat roofs. | gable, gambrel, mansard and |
| | | C. | Flat Roof | Flat roof shape greater th | nan 100 square feet or 10% of the entire ro | oof, whichever is greater. |
| 6. | Ga | ble | End Bracing: | For roof structures that contain as | bles, please check the weakest that apply: | |
| ٠. | 1 | A. | Gable End(s) | are braced at a minimum in accor- | dance with the 2001 Florida Building Cod | |
| | C | В. | Does not mee | et the above minimum requirements | e | С. |
| | 3 | | | le, unknown or unidentified. | •• | |
| | | | | | | |
| 7. | Wa | III (| Construction T | vpe: Check all wall construction t | types for exterior walls of the structure and | percentages for each: |
| | \square | A. | Wood Frame | 12 % | | |
| | F., | В. | Un-Reinforce | ed Masonry 38 % | | |
| | Li | C. | Reinforced M | lasonry % | | |
| | 1, 1 | | Poured Conci | | | |
| | \Box | E. | Other: | % | | |
| 8. | e | | | * 4 | | |
| о. | | | SWR | | layments or hot mopped felts are not SWR | |
| | (J | 73. | SWK | adhesive SWR barrier (not foame from water intrusion. | oitumen roofing underlayment applied dire d on insulation) applied as a secondary me | eans to protect the dwelling |
| | | В. | No SWR | | | |
| | | C. | Unknown or a | undetermined. | | |
| 9. | inci | ude tect | , but are not hi ion devices wit | mited to: windows, doors, garage d thout proper rating identification.) | d borne debris protection installed on the s doors, skylights, etc. Product approval may | y be required for opening |
| | a | res | ustant covering | gs, impact resistant doors and/or im | All exterior openings are fully protected spact resistant window units that are listed of Florida or Miami-Dade County and me | as wind home debris protection |
| las | pecto | | | Property Address 1855 | Bough AVE | The state of the s |
| *Th | is ve R-B1 | erif ~18 | ication form i: 02 (Rev. 02/11 | s valid up to five (5) years provid 3) Adopted by Rule 690-170.015: | ં led no material changes have been mad ઽ | e to the structure. Page 2 of 4 |
| | | | | , , , 17010101 | • | i uge z oj 4 |

| | or FBC Ann | g for "Cyclic Pressure and Large Missile Impact". For the HVHZ, systems must have either a Miami-Dade NOA work and the HVHZ". | | |
|-----|--|--|--|--|
| | | Miami-Dade County Notice of Acceptance (NOA) 201, 202 and 203. (Large Missile - 9 lb.) | | |
| | | Florida Building Code Testing Application Standard (TAS) 201, 202 and 203. (Large Missile – 9 lb.) | | |
| | | American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996. (Large Missile – 9 lb.) | | |
| | | Southern Standards Technical Document (SSTD) 12. (Large Missile – 9 lb.) | | |
| | | For Skylights Only: ASTM E 1886/E 1996. (Large Missile - 4.5 lb.) | | |
| | | For Garage Doors Only: ANSI/DASMA 115. (Large Missile – 9 lb.) | | |
| J | impact resis | erior openings are fully protected at a minimum with impact resistant coverings, impact resistant doors and/or tant window units that are listed as windborne debris protection devices in the product approval system of the rida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large | | |
| | (1) | ASTM E 1886 and ASTM E 1996. (Large Missile - 4.5 lb.) | | |
| | IJ | SSTD 12. (Large Missile – 4 lb. to 8 lb.) | | |
| | | For Skylights Only: ASTM E 1886/E 1996. (Large Missile - 2 to 4.5 lb.) | | |
| U | C. All exterior openings are fully protected at a minimum with impact resistant coverings, impact resistant doors and/c impact resistant window units that are 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 Sma Missile Impact": | | | |
| | 10 | Miami-Dade County NOA 201, 202 and 203. (Small Missile - 2grams) | | |
| | | Florida Building Code TAS 201, 202 and 203. (Small Missile – 2 grams) | | |
| | i.l | ASTM E 1886 and ASTM E 1996. (Small Missile – 2 grams) | | |
| | П | SSTD 12. (Small Missile – 2 grams) | | |
| 1. | D. All extended Dade or Flo Answer "H" | rior openings are fully protected with windborne debris protection devices that cannot be indentified as Miami- orida Building Code (FBC) product approved. This does not include plywood/OSB or plywood alternatives (see | | |
| All | Glazed Exte | rior Openings | | |
| IJ | E. All glaz | and exterior openings are fully protected at a minimum with impact resistant coverings and/or impact resistant to the requirements of one of the standards listed in Answer "A" of this question. (Large Missile -9 lb.) | | |
| D | | | | |
| П | window uni 2 grams) | ted exterior openings are fully protected at a minimum with impact resistant coverings and/or impact resistant to that meet the requirements of one of the standards listed in Answer "C" of this question. (Small Missile - | | |
| [] | H. <u>All gla</u> 1609.1.4 of | zed exterior openings are covered with plywood/OSB meeting the requirements of Section 1609 and Table the 2004 PBC (with 2006 supplements). | | |
| 1: | Miami-Dade | ed exterior openings are fully protected with wind-borne debris protection devices that cannot be identified as the or FBC product approved. This does not include plywood/OSB or other plywood alternatives that do not meetsee Answer "K"). | | |
| Ne | me or Some | Glozed Openings | | |
| 17. | ال. At least o | ne glazed exterior opening does not have wind-borne debris protection. | | |
| 1 | K. No glaze | ed exterior openings have wind-borne debris protection. This includes plywood/OSB or plywood alternative do not meet Answer "H". | | |
| 11 | | n or undetermined. | | |
| | | | | |

Inspectors Initials BW Property Address 1855 Bough AUE

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| MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form. | | | | | |
|--|--|--|--|--|--|
| Qualified Inspector Name: | License Type: | viduals who may sign this form. | | | |
| Bruce Waits | Home I | Losspector License # or MSFH certificate #: | | | |
| Inspection Company: | Home I | Phone: | | | |
| FIRST Choice Inspe | ections | 727-544-9266 | | | |
| Qualified Inspector - I hold an active licen | se or certificate as a: (c | | | | |
| Hurricane mitigation inspector certified by the M | y Safe Florida Home Program | | | | |
| Building code inspector certified under Section 46 | | | | | |
| ☐ General, building or residential contractor license | | eida Statutac | | | |
| ☐ Professional architect licensed under Section 481. | | ida Statutes. | | | |
| Professional engineer licensed under Section 471. | | | | | |
| Other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete this form pursuant to Section 627.711(2)(f), Florida Statutes. | | | | | |
| Individuals signing this form must have their | license or cortificate :- | (A | | | |
| | | | | | |
| (print name) | I inspector and I personal | lly performed the inspection or had | | | |
| my employee () perfor | m the inspection and I ag | gree to be responsible for his/her work. | | | |
| Qualified I | | | | | |
| Qualified Inspector Signature: | 640 | Date: | | | |
| An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree (Section 627.711(3), Florida Statutes). The Qualified Inspector with the commits a misdemeanor | | | | | |
| of the first degree (Section 627.711(3), Florida Statu acts, statements, concealment of facts, omissions, and the inspection. | tes). The Qualified Inspecto d documentation provided b | or who certifies this form is strictly liable for all by his or her employee who actually performed | | | |
| | | | | | |
| Homeowner to complete: I certify that the na | med Qualified Inspector | on bio l | | | |
| Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative. | | | | | |
| | | | | | |
| Signature: Jane Sauce An individual or entity who knowingly provides or u obtain or receive a discount on an insurance premiu | Date: 9-2 | 24-11 | | | |
| obtain or receive a discount on an insurance premiun of the first degree. (Section 627.711(3), Florida Statu | tters a false or fraudulent m | nitigation verification form with the intent to | | | |
| of the first degree. (Section 627.711(3), Florida Statu | tes) | entity is not entitled commits a misdemeanor | | | |
| 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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| | | | | | |
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| Q_{i} | 0 | | | | |
| Inspectors Initials Blu Property Address 1855 Bough AVE | | | | | |
| *This verification form is valid up to five (5) years provided as well at 1 | | | | | |
| OIR-B1-1802 (Rev. 02/10) Adopted by Rule 69O-170.0155 Page 4 of 4 | | | | | |

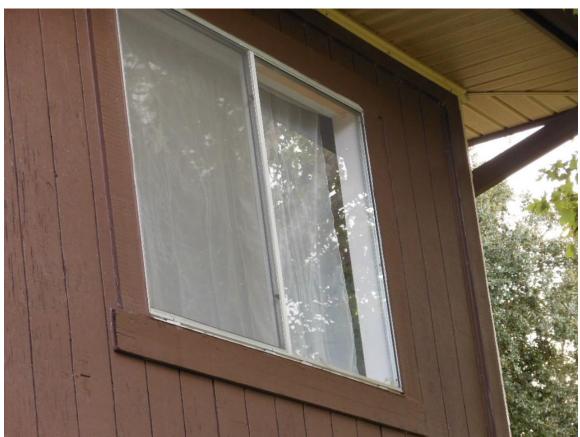














Roof deck 8d nails 6x6



Roof deck 8d nails 6x6



Roof deck 8d nails 6x6



Roof to wall clips



Roof to wall clips