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

Inspection Date: 9/23/1/							
Owner Information							
Owner Name: Eastwood S	heres 4	Contact Person:					
Address: 1859 Bough Au		Home Phone:					
City: Clearmeter	Zip: 337/0	Work Phone:					
County: Pinellas		Cell Phone:					
Insurance Company:	I	Policy #:					
Year of Home:	# of Stories: +wo	Email:					
· R · · · 1.10:4		_					
nersonally conducted the inspection of	(print name of the individual w of the residence identified on this form :	ho actually performed the inspection),					
data I reported is true and correct.	in the residence identified on this form:	and in my professional opinion, all the					
	as used to design and build the structure?						
Counties (also known as the High '	11 A. 1994 South Florida Building Code (building permit application date of 9/1/1994 or later in Miami-Dade and Broward Counties (also known as the High Velocity Hurricane Zone (HVHZ)).						
B. Building code prior to the 1994 in Miami-Dade and Broward Coun	South Florida Building Code (building permitties (HVHZ).	t application date of 8/31/1994 or earlier					
C. 2001 Florida Building Code (bu	ilding permit application date of 3/1/2002 or la	ater outside the HVHZ).					
D. Building code prior to the 2001 the HVHZ).	Florida Building Code (building permit appli-	cation date of 2/28/2002 or earlier outside					
L. Unknown or undetermined.							
2. Predominant Roof Covering:							
Permit Application Date: 12/27/67	or Date of Installation:						
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).							
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	reakest form of roof deck attachment?						
 A. Plywood/Oriented strand board staples or 6d nails spaced at 6" ale shinglesOR- Any system of sor 	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 & Grooved 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 Dec							
Inspectors Initials Bild Property Address 1859 Bough AVE							
*This verification form is valid up to five OIR-B1-1802 (Rev. 02/10) Adopted by Rt	(5) years provided no material changes hav	e been made to the structure. Page 1 of 4					
(om to) moopied by lit		1 USC 1 UJ 4					

		E.	Other:				
		F.	. Unknown or unidentified.				
	П	G. No attic access.					
4.	Roc	of to	Wall Attachi	nent: What is the weakest roof to wall connection?			
	G						
	J.	В.	Clips	Metal attachments on every rafter/truss that are nailed to one side (or both sides in the case of a diamond type clip) of the rafter/truss and attached to the top plate of the wall frame or embedded in the bond beam.			
	O	C.	Single Wraps	Metal Straps must be secured to every rafter/truss with a minimum of 3 nails, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. The Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.			
	E	D.	Double Wrap	Both Metal Straps must be secured to every rafter/truss with a minimum of 3 nails, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. Each Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.			
			Structural	Anchor bolts structurally connected or reinforced concrete roof.			
				5.7 L of 3			
	ii		Unknown or to No attic acce				
		11.	No auto acce	55			
5.	Ro and	of C I poi	icometry: What structurally co	t is the roof shape(s)? (Porches or carports that are attached only to the fascia or wall of the host structure meeted to the main roof system are not considered in the roof geometry determination.)			
	1	Α.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total building perimeter.			
		В.	Non-Hip Roo	Any other roof shape or combination of roof shapes including hip, gable, gambrel, mansard and other roof shapes not including flat roofs.			
	IJ	C.	Flat Roof	Flat roof shape greater than 100 square feet or 10% of the entire roof, whichever is greater.			
6.	Ga	ble	End Bracing:	For roof structures that contain gables, please check the weakest that apply:			
	[j	A.	Gable End(s)	are braced at a minimum in accordance with the 2001 Florida Building Code.			
	$\{i\}$	В.	Does not mee	the above minimum requirements.			
	100	C.	Not applicable	e, unknown or unidentified.			
7.	W	dl C	Construction T	gpe: Check all wall construction types for exterior walls of the structure and percentages for each:			
	\Box	A.	Wood Frame	12 %			
	Γ.	В.	Un-Reinforce	f Masonry 38 %			
	L	C.	Reinforced M	isonry %			
	Ĺ		Poured Concr				
	Si.	E.	Other:	%			
8.	Sec	ond	lary Water Re	sistance (SWR): (standard underlayments or hot mopped felts are not SWR)			
		A. SWR Sclf adhering polymer modified bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed on insulation) applied as a secondary means to protect the dwelling					
	مرا : 5	/		from water intrusion.			
			No SWR Unknown or a	ndetermined.			
9.	include, but are not limited to: windows, doors, garage doors, skylights, etc. Product approval may be required for opening protection devices without proper rating identification.)						
	زا	res dev	istant covering vices in the pro	Denings (Glazed and Unglazed) All exterior openings are fully protected at a minimum with impact so, impact resistant window units that are listed as wind borne debris protection fuct approval system of the State of Florida or Miami-Dade County and meet the requirements of one of			
Ins	oecti	ors)	Initials <u><i>Bid</i></u>	Property Address 1859 Bough AVE			
*T1	is v	erifi	ication form is	valid up to five (5) years provided no material changes have been made to the structure. Adopted by Rule 690-170,0155 Page 2 of 4			

	or FBC Approval marked "For Use in 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.)				
IJ					
	☐ ASTM E 1886 and ASTM E 1996. (Large Missile – 4.5 lb.)				
	U SSTD 12. (Large Missile – 4 lb. to 8 ib.)				
	☐ For Skylights Only: ASTM E 1886/£ 1996. (Large Missile - 2 to 4.5 lb.)				
LÌ	C. All exterior openings are fully protected at a minimum with impact resistant coverings, impact resistant doors impact resistant window units that are listed as windborne debris protection devices in the product approval system State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Missile Impact":				
	Miami-Dade County NOA 201, 202 and 203. (Small Missile – 2grams)				
	Florida Building Code TAS 201, 202 and 203. (Small Missile – 2 grams)				
	ASTM E 1886 and ASTM E 1996. (Small Missile – 2 grams)				
	SSTD 12. (Small Missile – 2 grams)				
IJ	_ · · · · · · · · · · · · · · · · · · ·				
Al	Glazed Exterior Openings				
!]					
H					
f.;	G. All glazed exterior openings are fully protected at a minimum with Impact resistant coverings and/or impact resistant window units that meet the requirements of one of the standards listed in Answer "C" of this question. (Small Missile 2 grams)				
17	H. <u>All glazed exterior openings</u> are covered with plywood/OSB meeting the requirements of Section 1609 and Tabl 1609.1.4 of the 2004 FBC (with 2006 supplements).				
	 All glazed exterior openings are fully protected with wind-borne debris protection devices that cannot be identified a Miami-Dade or FBC product approved. This does not include plywood/OSB or other plywood alternatives that do not med Answer H (see Answer "K"). 				
N	one or Some Glazed Openings				
17	J. At least one glazed exterior opening does not have wind-borne debris protection.				
V	K. No glazed exterior openings have wind-borne debris protection. This includes plywood/OSB or plywood alternative systems that do not meet Answer "H".				
	1. Unknown or undetermined.				

Inspectors Initials Bir Property Address 1859 Bough AUE

*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 3 of 4

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: 1 2	des a listing of individuals w	ho may sign this form.					
Bruce Waits	License Type: 16me Insidec	License # or MSFH certificate #:					
Inspection Company:	Di	hone:					
FIRST Choice Inspection	22	727-544-9266					
Qualified Inspector - I hold an active license or co	ertificate as a: (check on						
☐ Hurricane mitigation inspector certified by the My Safe Fl							
Building code inspector certified under Section 468.607, Florida Statutes.							
☐ Professional architect licensed under Section 481.213, Flor		3 S.					
Professional engineer licensed under Section 471.015, Flor							
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 certificate in an "Active	27 -4 -4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4					
(print name) and a quantied inspecting my employee (or and I personally perfor	rmed the inspection or had					
(print name) perform the i	nspection and I agree to be	e responsible for his/her work.					
Qualified Inspector Signature:							
		Date: 9/23///					
An individual or entity who knowingly provides or utters a f obtain or receive a discount on an insurance premium to wh	alse or fraudulent mitigation	Verification form with the intent					
of the first degree (Section 627.711(3) Florido Statuton) The	O I'm	not entitled commits a misdemeanor					
of the first degree (Section 627.711(3), Florida Statutes). The acts, statements, concealment of facts, omissions, and docum the inspection.	entation provided by his or h	tifies this form is strictly liable for all					
the inspection.	1	er employee who actually performed					
YY							
Homeowner to complete: I certify that the named Quan inspection of the residence identified on this form	ualified Inspector or his or	r her employee did perform					
an inspection of the residence identified on this form a Authorized Representative.	and that proof of identification	ation was provided to me or my					
		į					
Signature: Signature: An individual or entity who knowingly provides or utters a factorial obtain or receive a discount on an insurance premium to whi	Date: 9-24-11						
An individual or entity who knowingly provides or utters a fa	dse or fraudulent mitigation	verification form with the intent to					
obtain or receive a discount on an insurance premium to whi of the first degree. (Section 627.711(3), Florida Statutes)	ch the individual or entity is	not entitled commits a misdemeanor					
The definitions on this form are for inspection purposes called a							
as offering protection from hurricanes.	•	5 Personal designation learning					
P()	0 1						
Inspectors Initials BW Property Address 1859	Bough AUE						
*This verification form is valid up to five (5) years provided n	*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) Adonted by Rule 600 170 0455						
OIR-B1-1802 (Rev. 02/10) Adopted by Rule 69O-170.0155	value of nave need	Page 4 of 4					









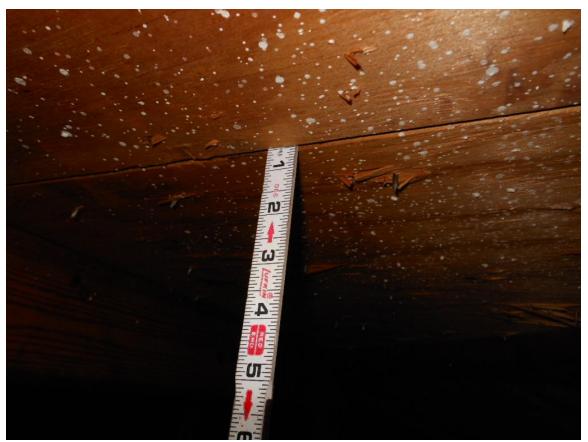




Roof deck clips



Roof deck clips



Roof deck clips



Roof to wall clips



Roof to wall clips