Reset Form

Uniform Mitigation Verification Inspection Form

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

Inspection Date: Mar 7, 2013								
Owner Information								
Owner Name: Princeton Place at Wiggins Bay Fountation 4			Contact Person:					
Address: 360 Horse Creek Drive			Home Phone:					
City: Naples	Zip: 34110			Work Phone:				
County: Collier			Cell Phone:					
Insurance Company:			Policy #:					
Year of Home: 1989	# of Stories: 5		Email:	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.								
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)/								
			cation Date (MM/DD/YYYY)/_					
2. Roof Covering: Select all roof covering	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							
Permit 2.1 Roof Covering Type:	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
1. Asphalt/Fiberglass Shingle	1-06		2006	П				
2. Concrete/Clay Tile				Ħ				
3. Metal				H				
				H				
				H				
H				H				
6. Other/_				Ш				
 ✓ 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 requi	-							
_								
Roof Deck Attachment: What is the weakest 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 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 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 12) inches in the field or has a mean uplift resistance of at least 103 psf.								
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								
Inspectors Initials Cn Property Address 360 Horse Creek Drive								

*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

		182 psf.	sistance than 8d common hans spaced a maximum of 6 inches in the field of has a mean upint resistance of at leas			
	П		red Concrete Roof Deck.			
	Ħ	E. Other:				
	H	F. Unknown or unidentified.				
	Ħ	G. No attic				
4.		of to Wall At	ttachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within de or outside corner of the roof in determination of WEAKEST type)			
	П	A. Toe Nail				
			Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or			
			Metal connectors that do not meet the minimal conditions or requirements of B, C, or D			
	Mir	nimal condit	ions to qualify for categories B, C, or D. All visible metal connectors are:			
		√				
		V	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.			
		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 nai position requirements of C or D, but is secured with a minimum of 3 nails.			
	✓	C. Single W	Metal connectors consisting of a single strap that 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.			
	П	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. Structura F. Other: _	Anchor bolts structurally connected or reinforced concrete roof.			
		G. Unknow	n or unidentified			
		H. No attic	access			
5.			: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of e over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).			
		A. Hip Roo				
	П	B. Flat Roo	Total length of non-hip features: feet; Total roof system perimeter: feet Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of			
	√	C. Other Ro	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft oof Any roof that does not qualify as either (A) or (B) above.			
6.	Sec	A. SWR (all sheathing dwelling B. No SWR	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the g or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.			
In	spec	tors Initials	Cn Property Address 360 Horse Creek Drive			
*T	his v	verification f	orm is valid for up to five (5) years provided no material changes have been made to the structure or			

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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. Non-Glazed **Opening Protection Level Chart Glazed Openings** Openings Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Glass Entry Garage Garage or Entry Skylights form of protection (lowest row) for any of the Glazed openings and indicate **Doors Block Doors Doors** Doors the weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Α Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance Opening Protection products that appear to be A or B but are not verified Ν Other protective coverings that cannot be identified as A, B, or C No Windborne Debris Protection Х 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/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 Inspectors Initials ____ Property Address 360 Horse Creek Drive *This verification form is valid for up to five (5) years provided no material changes have been made to the structure or

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N. Exterior Opening Protection (unverified shutter s						
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 table above).						
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 table above	D in the table above, and no Non-Glazed	l 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 Level X i	n the table above.				
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: Christopher North	License Type:	License or Certificate #: 1506189				
Inspection Company: Christopher North Builders,Inc.	Phone:	55 chrisnorthnaples@gmail.com				
Qualified Inspector – I hold an active license as a	: (check one)					
Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.						
Building code inspector certified under Section 468.607, Florida	Statutes.					
General, building or residential contractor licensed under Section	n 489.111, Florida Statutes.					
Professional engineer licensed under Section 471.015, Florida S	Professional engineer licensed under Section 471.015, Florida Statutes.					
Professional architect licensed under Section 481.213, Florida S						
Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute		perly complete a uniform mitigation				
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed						
under Section 471.015, Florida Statues, must inspect the st						
Licensees under s.471.015 or s.489.111 may authorize a dir experience to conduct a mitigation verification inspection.	ect employee who possesses the rec	juisite skiii, knowledge, and				
I, Chris north am a qualified inspector and I personally performed the inspection or (licensed)						
(print name)		pection or (<i>ucensea</i>				
contractors and professional engineers only) I had my employee (N/A) perform the inspection						
and I agree to be responsible for his/her work. (print name of inspector)						
Qualified Inspector Signature:	Date: Mar 7, 2013					
An individual or entity who knowingly or through gross ne	gligence provides a false or fraudu	llent mitigation verification form is				
subject to investigation by the Florida Division of Insurance						
appropriate licensing agency or to criminal prosecution. (S						
certifies this form shall be directly liable for the misconduction.	t of employees as if the authorized	mitigation inspector personally				
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: Date: Mar 7, 2013						
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(7), Florida Statutes)						
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.						
Inspectors Initials Cn Property Address 360 Horse Creek Drive						
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inaccuracies found on the form.