Uniform Mitigation Verification Inspection Form only of this form and any documentation provided with the insu

Inspection Date:	of this form and any	y documentation prov	vided with the insurance	<u>e poncy</u>				
Owner Information								
Owner Information Owner Name:			Contact Person:					
Address:			Home Phone:					
City:	Zip:		Work Phone:					
County:	Zip.		Cell Phone:					
Insurance Company:			Policy #:					
Year of Home:	# of Stories:		Email:					
NOTE: Any documentation used in accompany this form. At least one pl though 7. The insurer may ask addit	hotograph must accon ional questions regard	npany this form to valid ding the mitigated featu	late each attribute marke are(s) verified on this form	d in questions 3 n.				
1. Building Code: Was the structure the HVHZ (Miami-Dade or Browar	d counties), South Flor	ida Building Code (SFBC	C-94)?					
☐ A. Built in compliance with the a date after 3/1/2002: Building	Permit Application Dat	te (MM/DD/YYYY)//	<u> </u>					
☐ B. For the HVHZ Only: Built in provide a permit application wi	th a date after 9/1/1994	: Building Permit Applic						
☐ C. Unknown or does not meet t	he requirements of Ans	swer "A" or "B"						
2. 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.								
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	/							
2. Concrete/Clay Tile								
3. Metal								
4. Built Up	/							
5. Membrane	/							
6. Other	/							
☐ A. All roof coverings listed about installation OR have a roofing part of the control of the covering of th								
☐ B. All roof coverings have a M roofing permit application after								
\Box C. One or more roof coverings	-		"B".					
☐ D. No roof coverings meet the	requirements of Answe	r "A" or "B".						
3. Roof Deck Attachment : What is the	ne weakest form of root	f deck attachment?						
 A. Plywood/Oriented strand bo by staples or 6d nails spaced a shinglesOR- Any system of s mean uplift less than that require 	t 6" along the edge and crews, nails, adhesives	d 12" in the fieldOR- l , other deck fastening sys	Batten decking supporting	wood shakes or wood				
☐ B. Plywood/OSB roof sheathir 24"inches o.c.) by 8d common other deck fastening system or a maximum of 12 inches in the	nails spaced a maximu truss/rafter spacing that	m of 12" inches in the fit t is shown to have an equ	eldOR- Any system of sc iivalent or greater resistanc	rews, nails, adhesives,				
 C. Plywood/OSB roof sheathir 24"inches o.c.) by 8d common decking with a minimum of 2 r Any system of screws, nails, ac 	nails spaced a maximu nails per board (or 1 na	im of 6" inches in the fie il per board if each board	ldOR- Dimensional lum l is equal to or less than 6 i	ber/Tongue & Groove nches in width)OR-				
Inspectors Initials Property Ac	ddress							

*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

		or greater res	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
	П		ed Concrete Roof Deck.
	П		
	П		or unidentified.
		G. No attic a	
1			
4.		et of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le 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 to the top plate of the wall, or
			Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Miı	nimal conditi	ons 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.
		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 nail 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.
		D. Double V	Vraps
			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
		H. No attic a	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 over unenclosed space in 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.
		B. Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet
			less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof areasq ft
		C. Other Ro	of Any roof that does not qualify as either (A) or (B) above.
6.	Sec	A. SWR (also sheathing	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 gor 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.
		B. No SWR	
		C. Unknown	n or undetermined.
In	spec	tors Initials _	Property Address
*Т	hia .	va vif ication f	own is valid for up to five (5) years provided no metarial changes have been made to the structure or

^{*}This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

7. **Opening Protection:** What is the <u>weakest</u> 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						
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						
I N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

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

A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

- 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

☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

• For Garage Doors Only: ANSI/DASMA 115

△ 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 <u>and</u> 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

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

the table above

Inspectors Initials _____ Property Address_

protective co	Opening Protection (unverified shutter systems wiverings not meeting the requirements of Answer "A" mentation of compliance (Level N in the table above)	"B", or C" or systems that	
	-Glazed openings classified as Level A, B, C, or N in the tr		openings exist
N.2 One or lable above	More Non-Glazed openings classified as Level D in the tab	le above, and no Non-Glazed	openings classified as Level X in the
□ N.3 One or 1	More Non-Glazed openings is classified as Level X in the t	able above	
X. None or S	ome Glazed Openings One or more Glazed opening	s classified and Level X in	the table above.
	MITIGATION INSPECTIONS MUST BE CERTI. Section 627.711(2), Florida Statutes, provides a listi	the state of the s	
Qualified Inspector Name: TROY SUMNER	License Typ	ENERAL CONTRACTOR	License or Certificate #: CGC 004629
Inspection Company:		Phone:	
BUILT RIGHT CONS	ULTANTS, INC.	727-345	-8400
Qualified Inspe-	ctor - I hold an active license as a: (check	one)	
training approved	icensed under Section 468.8314, Florida Statutes who has a by the Construction Industry Licensing Board and complete the Construction Construction Complete the Construction Complete the Construction Complete the Construction C		er of hours of hurricane mitigation
	pector certified under Section 468.607, Florida Statutes.		
and the second s	or residential contractor licensed under Section 489.111, F	Ionda Statutes.	
	neer licensed under Section 471.015, Florida Statutes. itect licensed under Section 481.213, Florida Statutes.		
	lual or entity recognized by the insurer as possessing the ne	cessary qualifications to prop	perly complete a uniform mitigation
	pursuant to Section 627.711(2), Florida Statutes.	, 4	
under Section 471. Licensees under s,4 experience to condi I, TROY SUM (print na contractors and pro and I agree to be r Qualified Inspector An individual or en subject to investiga appropriate licensi certifies this form s performed the insp	me) fessional engineers only) I had my employee (HAI esponsible for his/her work. Signature: tity who knowingly or through gross negligence p tion by the Florida Division of Insurance Fraud a ng agency or to criminal prosecution. (Section 627 thall be directly liable for the misconduct of emplo	ersonally and not through vee who possesses the reconstruction of the inspection of	h employees or other persons. misite skill, knowledge, and pection or (licensed form the inspection tor) 3 - l
obtain or receive a	ntity who knowingly provides or utters a false or f discount on an insurance premium to which the in (Section 627.711(7), Florida Statutes)	raudulent mitigation veri ndividual or entity is not	fication form with the intent to entitled commits a misdemeanor
as offering protecti	this form are for inspection purposes only and car on from hurricanes.		
Inspectors Initials	HH Property Address 146 BELLA VISTA TE	RRACE, VENICE, FL 3	4275
inaccuracies found	form is valid for up to five (5) years provided no m on the form. . 01/12) Adopted by Rule 69O-170.0155	aterial changes have bee	n made to the structure or Page 4 of 4
was free.	/ / /		•





























A	۰
Ctature Dotai	

Parcel ID: 0373-000-1100

14 - 1302

ISSUED

Application Date: 04/10/14

Application #:

Valuation: \$1,007,635

Application Status:

Zoning Description: PLANNED UNIT

Address:

Owner:

Application Type:

Square Footage:

General

Contractor:

146 BELLA VISTA TE

BLDG

WCI COMMUNITIES

INC

MULTI FAMILY THREE

AND FOUR FAMILY

0

WCI COMMUNITIES

INC

Permit info