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

|  | uns form and any d       | ocumentation prov                | ided with the insurance                         | e poncy                                      |  |  |  |
|--|--------------------------|----------------------------------|---|--|--|--|--|
| Inspection Date: Owner Information   |                          |                                  |   |  |  |  |  |
| Owner Name:  |                          |                                  | Contact Person:                                 |  |  |  |  |
| Address:   |                          |                                  |   | Home Phone:                                  |  |  |  |
| City:  | Zip:                     |                                  | Work Phone:                                     |  |  |  |  |
| County:  | r·                       |                                  | Cell Phone:                                     |  |  |  |  |
| Insurance Company:   |                          |                                  | Policy #:                                       |  |  |  |  |
| Year of Home:  | # of Stories:            |                                  | 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.  1. 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)/  |                          |                                  |   |  |  |  |  |
| <ul> <li>B. For the HVHZ Only: Built in c provide a permit application with</li> <li>C. Unknown or does not meet the</li> </ul>  | a date after 9/1/1994: B | uilding Permit Applic            |   |  |  |  |  |
| 2. <b>Roof Covering:</b> Select all roof covering OR Year of Original Installation/Replacements identified.  | ng types in use. Provide | the permit application           |   | ance for each roof                           |  |  |  |
| Per 2.1 Roof Covering Type:  | mit Application<br>Date  | FBC or MDC<br>Product Approval # | Year of Original Installation or<br>Replacement | No Information<br>Provided for<br>Compliance |  |  |  |
| 1. Asphalt/Fiberglass Shingle  |                          |                                  |   |  |  |  |  |
| 2. Concrete/Clay Tile  | <i></i>                  |                                  |   |  |  |  |  |
| _  | //                       |                                  |   |  |  |  |  |
|  | //                       |                                  |   |  |  |  |  |
| <u> </u>   | //                       |                                  |   |  |  |  |  |
|  | / /                      |                                  |   |  |  |  |  |
| <ul> <li>□ 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.</li> <li>□ 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.</li> </ul>  |                          |                                  |   |  |  |  |  |
| C. One or more roof coverings do   |                          |                                  | -   | idici .                                      |  |  |  |
| ☐ D. No roof coverings meet the rec  | -                        |                                  | Б.  |  |  |  |  |
|  |                          |                                  |   |  |  |  |  |
| <ul> <li>Roof Deck Attachment: What is the weakest form of roof deck attachment?</li> <li>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.</li> <li>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.</li> <li>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 &amp; 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-</li> </ul> |                          |                                  |   |  |  |  |  |
| Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent Inspectors Initials Property Address   |                          |                                  |   |  |  |  |  |

\*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   |  |
|----|-------------------------------------|-------------------------|---|--|
|    | ☐ D. Reinforced 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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> 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, <b>or</b>  |  |
|    |                                     |                         | 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 <b>vif</b> ication f | own is valid for up to five (5) years provided no metarial 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.

|  | Opening Protection Level Chart  |                              | Glazed Openings |           |                |                | Non-Glazed<br>Openings |  |
|--|---|------------------------------|-----------------|-----------|----------------|----------------|------------------------|--|
| 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. |   | Windows<br>or Entry<br>Doors | Garage<br>Doors | Skylights | Glass<br>Block | Entry<br>Doors | Garage<br>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

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the table above

Inspectors Initials \_\_\_\_\_ Property Address\_

| protective coverings not me  | ection (unverified shutter systems with no deting the requirements of Answer "A", "B", or ompliance (Level N in the table above). | ocumentation) All Glazed openings are protected with C" or systems that appear to meet Answer "A" or "B" |
|--|---|--|
|  | s classified as Level A, B, C, or N in the table above  | re, or no Non-Glazed openings exist  |
|  |   | and no Non-Glazed openings classified as Level X in the  |
| ☐ N.3 One or More Non-Glaze  | d openings is classified as Level X in the table abo  | ve . <sup>5</sup>  |
|  | Openings One or more Glazed openings classi   |  |
| MITIGATIO<br>Section 627.71  | ON INSPECTIONS MUST BE CERTIFIED B<br>1(2), Florida Statutes, provides a listing of in  | dividuals who may sign this form.  |
| Qualified Inspector Name:<br>TROY SUMNER                             | License Type:<br>CERT. GENERA   | L CONTRACTOR CGC 004629  |
| Inspection Company: BUILT RIGHT CONSULTANTS, INC.                    | Э.  | Phone:<br>727-345-8400   |
|  | d an active license as a: (check one)   |  |
| training approved by the Construc                                    | ction Industry Licensing Board and completion of a  | d the statutory number of hours of hurricane mitigation proficiency exam.                                |
|  | under Section 468.607, Florida Statutes.  |  |
|  | ontractor licensed under Section 489.111, Florida S   | tatutes.   |
|  | der Section 471.015, Florida Statutes.  |  |
|  | der Section 481.213, Florida Statutes.  | qualifications to properly complete a uniform mitigation   |
| verification form pursuant to Sec                                    | tion 627.711(2), Florida Statutes.  |  |
| Individuals other than licensed of                                   | ontractors licensed under Section 489.111,  | Florida Statutes, or professional engineer licensed  |
| under Section 471.015, Florida S                                     | tatues, must inspect the structures persona   | lly and not through employees or other persons.  possesses the requisite skill, knowledge, and           |
| experience to conduct a mitigation                                   |   | possesses vie requiere   |
| TDOY CLIMNED   | am a qualified inspector and I personally p   | performed the inspection or (licensed  |
| (print name)   |   |  |
| contractors and professional engi                                    | neers only) I had my employee (   | SCAGGS perform the inspection  |
| and I among to be used spille for                                    | which work  | int name of inspector)   |
| and I agree to be responsible for Qualified Inspector Signature:     | Da Da   | ite: 2-28-2018   |
| An individual or entity who kno                                      | wingly or through gross negligence provide<br>lorida Division of Insurance Fraud and ma   | s a false or fraudulent mitigation verification form is  |
| appropriate licensing agency or                                      | to criminal prosecution. (Section 627.711(4)  | -(7), Florida Statutes) The Qualified Inspector who  |
| certifies this form shall be direct                                  | ly liable for the misconduct of employees as  | if the authorized mitigation inspector personally  |
| performed the inspection.  |   |  |
| Homeowner to complete: I ce residence identified on this form a      | and that proof of identification was provided to  |  |
| Signature:   | Date: 2/15/1  | 8  |
| 000  |   |  |
| An individual or entity who kno                                      | wingly provides or utters a false or fraudul  | ent mitigation verification form with the intent to  |
| obtain or receive a discount on a of the first degree. (Section 627. | in insurance premium to which the individual  | nal or entity is not entitled commits a misdemeanor  |
|  |   |  |
| The definitions on this form are as offering protection from hur     | ricanes.  | used to certify any product or construction feature  |
| Inspectors Initials MS Proper  | rty Address 169 BELLA VISTA TERRAC  | E, VENICE, FL 34275  |
| *This verification form is valid                                     | for up to five (5) years provided no materia  | changes have been made to the structure or   |
| inaccuracies found on the form.<br>OIR-B1-1802 (Rev. 01/12) Adop     |   | Page 4 of 4  |
|  |   |  |

























## Status Detail

Parcel ID: 0373-000-1100 Address: 169 BELLA VISTA TE BLDG

Application Date: 05/12/15 Owner: WCI COMMUNITIES INC

Application #: 15 - 1908 Application Type: MULTI FAMILY THREE AND

FOUR FAMILY

Valuation: \$1,008,792 Square Footage: 000000000

Tenant Name: 4 UNIT CONDO BLDG.38 Application Status: ISSUED

General Contractor: WCI COMMUNITIES INC

Zoning Description: PLANNED UNIT

DEVELOPMENT

Permit info