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

	of this form and any	y documentation prov	vided with the insurance	<u>e poncy</u>			
Inspection Date:  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 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 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"					
<ol> <li>Roof Covering: Select all roof covering identified.</li> </ol>				ance for each roof			
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 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 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. <b>Roof Deck Attachment</b> : What is the	ne weakest form of root	f 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.							
24"inches o.c.) by 8d common other deck fastening system or	□ 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.						
24"inches o.c.) by 8d common decking with a minimum of 2 r	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 & 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 Property Ac	ddress			<del></del>			

\*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 <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 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 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

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the table above

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

protective coverings not me	ection (unverified shutter system eting the requirements of Answormpliance (Level N in the table	wer "A", "B", or	cumentation) All C" or systems that	Glazed openings are protected with appear to meet Answer "A" or "B"
	s classified as Level A, B, C, or N		. or no Non-Glazed	openings exist
				openings classified as Level X in the
	ed openings is classified as Level 2	X in the table above	e	À
X. None or Some Glazed C	Openings One or more Glazed	openings classifi	ed and Level X in	the table above.
MITIGATIO Section 627.71	ON INSPECTIONS MUST BE 1(2), Florida Statutes, provide	CERTIFIED BY es a listing of ind	A QUALIFIED I	NSPECTOR. sign this form.
Qualified Inspector Name: TROY SUMNER		icense Type:	CONTRACTOR	License or Certificate #:
Inspection Company: BUILT RIGHT CONSULTANTS, IN	C.		Phone: 727-345-	-8400
Qualified Inspector - I hole	d an active license as a:	(check one)		
training approved by the Constru	ction Industry Licensing Board an	d completion of a p	the statutory number proficiency exam.	er of hours of hurricane mitigation
☐ Building code inspector certified				
General, building or residential co			atutes.	
Professional engineer licensed un	ider Section 471.015, Florida Stati ider Section 481.213, Florida Stati			
			nalifications to prop	erly complete a uniform mitigation
verification form pursuant to Sec	tion 627.711(2), Florida Statutes.			
Individuals other than licensed of	contractors licensed under Se	ection 489.111, F	lorida Statutes, o	or professional engineer licensed
under Section 471.015, Florida S Licensees under s.471.015 or s.4	Statues, must inspect the stru	t employee who	y and not throug	n employees or other persons.
experience to conduct a mitigati	on verification inspection.	t employee who	possesses the red	and the same and t
TROY CLIMNED	am a qualified inspector an	d I nersonally ne	erformed the inst	nection or (licensed
(print name)	31 12 2 2 1			
contractors and professional engi	ineers only) I had my employ	ee MICHAEL		form the inspection
II and the common sible for	which would		nt name of inspec	
and I agree to be responsible fo Qualified Inspector Signature:	J Summer	Dat	e: 2-20	-2018
1: 11 in the first but the F	lanida Division of Incurance	Frand and may	he subject to adn	lent mitigation verification form is
appropriate licensing agency or	to criminal prosecution. (Sec	ction 627.711(4)-	(7), Florida Statu	ites) The Qualified Inspector who
certifies this form shall be direc	tly 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	or her employee di me or my Authori	d perform an inspection of the zed Representative.
Signature:	D:	ate: 2/15/10	P	
An individual or entity who kno	i	olco or fraudula	nt mitigation ver	ification form with the intent to
An individual or entity who kno	an insurance premium to wh	ich the individua	al or entity is not	entitled commits a misdemeanor
of the first degree. (Section 627.	711(7), Florida Statutes)			
The definitions on this form are as offering protection from hur	ricanes.			y product or construction feature
Inspectors Initials MS Proper	rty Address198 BELLA V	ISTA TERRACE	E, VENICE, FL 34	1275
*This verification form is valid	for up to five (5) years provi	ded no material	changes have bee	en made to the structure or
inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adop				Page 4 of 4

























## Status Detail

Parcel ID: 0373-000-1100 Address: 198 BELLA VISTA TE BLDG

Application Date: 11/15/16 Owner: WCI COMMUNITIES LLC

Application #: 16 - 4732 Application Type: MULTI FAMILY THREE AND

FOUR FAMILY

**Valuation:** \$1,043,555 **Square Footage:** 000000000

Tenant Name: NEW CONSTRUCTION; Application Status: CERTIFICATE OF

MULTI F COMPLETION

General Contractor: LENNAR HOMES LLC

Zoning Description: PLANNED UNIT

DEVELOPMENT

Permit info