

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 12/15/2022	1,	, pro				
Owner Information						
Owner Name: Club Hacienda C	Contact Person:					
Address: 1059-1073 Country		3	Home Phone:			
City: Titusville	Zip:	32780	Work Phone:			
County: Brevard	County: Brevard Cell Phon			one: (321) 735-7624		
Insurance Company:			Policy #:			
Year of Home: 1986	# of Stories:	2	Email: office@clove	rkeyservices.com		
NOTE: Any documentation used accompany this form. At least of though 7. The insurer may ask a	ne photograph must acc	ompany this form to valid	late each attribute marke	d in questions 3		
a date after 3/1/2002: Build □ B. For the HVHZ Only: Bu provide a permit application □ C. Unknown or does not me	oward counties), South Fl h the FBC: Year Built ding Permit Application I uilt in compliance with the on with a date after 9/1/19 neet the requirements of A	For homes built Date (MM/DD/YYYY) e SFBC-94: Year Built 94: Building Permit Applic cnswer "A" or "B"	in 2002/2003 provide a per For homes built in 1 ation Date (MM/DD/YYYY)	rmit application with 994 1995 and 1996 —————		
 Roof Covering: Select all roof OR Year of Original Installatio covering identified. 				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	Permit# PR15-00030	04, Applied 06/26/15, final	08/12/15			
☐ 3. Metal	/					
4. Built Up						
5. Membrane						
☐ 6. Other						
installation OR have a roof B. All roof coverings have roofing permit application C. One or more roof covering D. No roof coverings meet	fing permit application da a Miami-Dade Product A after 9/1/1994 and before ings do not meet the requi the requirements of Ansy		e roof is original and built i me of installation OR (for iginal and built in 1997 or	n 2004 or later. the HVHZ only) a		
3. Roof Deck Attachment: What				of 24" in aboa o o		
 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 commother deck fastening system maximum of 12 inches in t	mon nails spaced a maxin m or truss/rafter spacing the field or has a mean up	num of 12" inches in the fie that is shown to have an ea olift resistance of at least 10	eldOR- Any system of sc quivalent or greater resista 3 psf.	rews, nails, adhesives, ince 8d nails spaced a		
24"inches o.c.) by 8d com- decking with a minimum of Any system of sevens, nai	mon nails spaced a maximum of 2 nails per board (or 1 ls, adhesives, other deck	nickness of 7/16" inch attach mum of 6" inches in the fie nail per board if each board fastening system or truss/ra Country Club Dr, Buildi	ldOR- Dimensional lum I is equal to or less than 6 in after spacing that is shown	ber/Tongue & Groove inches in width)OR-to have an equivalent		
1000						

*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

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or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
182 psf.
□ D. Reinforced Concrete Roof Deck.□ E. Other:
F. Unknown or unidentified.
G. No attic access.
4. Roof to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)
A. Toe Nails Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached t the top plate of the wall, or
Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
Minimal conditions 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 na position requirements of C or D, but is secured with a minimum of 3 nails.
C. Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
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. Structural Anchor bolts structurally connected or reinforced concrete roof.
☐ G. Unknown or unidentified
H. No attic access
5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure 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.
Total length of non-hip features: feet; Total roof system perimeter: feet B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
C. Other Roof Any roof that does not qualify as either (A) or (B) above.
6. Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the
dwelling from water intrusion in the event of roof covering loss. B. No SWR.
C. Unknown or undetermined.
Inspectors Initials Property Address 1059-1073 Country Club Dr, Building 6 Titusville Fl 32780
*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.

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www.HonorServices.com ClientCare@HonorServices.com** 321-327-2950



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 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		×	×	X		×
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						
IN	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	X				X	

IN	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				X	
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							
ar	and Large Missile Impact" (Level A in the table above).						
	 Miami-Dade County PA 201, 202, <u>and</u> 203 						
	 Florida Building Code Testing Application Standard (TAS) 2 	01, 202, <u>and</u>	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 <u>and</u> 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						
op in fo	• Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Denings are protected, at a minimum, with impact resistant coverings the product approval system of the State of Florida or Miami-Dade or "Cyclic Pressure and Large Missile Impact" (Level B in the table all • 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 B.1 All Non-Glazed openings classified as A or B in the table above, or no 18.2 One or More Non-Glazed openings classified as Level D in the table above	or products County and bove): e Missile - 2	s listed as meet the to 4.5 lb.) penings ex	windborr requirement	ne debris	s protect one of th	ion devices e following
	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).							

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

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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 Mon-Glazed openings is classified as Level N or X in the table above

N. Exterior Opening Protection (unverified shutter s	systems with no document	ation) All Glazed openings are protected with			
protective coverings not meeting the requirements of A					
with no documentation of compliance (Level N in the ta	/				
N.1 All Non-Glazed openings classified as Level A, B, C, o	or N in the table above, or no N	Ion-Glazed openings exist			
N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no N	on-Glazed 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 I	Level X in the table above.			
MITIGATION INSPECTIONS MUST E	RE CERTIFIED BY A OUA	I IFIFD INSPECTOR			
Section 627.711(2), Florida Statutes, prov	ides a listing of individuals	who may sign this form.			
Joseph Fonte	License Type: Home Inspector	License or Certificate #: HI13365			
Inspection Company: Honor Services		Phone: (321) 327-2950			
Qualified Inspector – I hold an active license as a	: (check one)				
M Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board					
☐ 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	tatutes.				
☐ Professional architect licensed under Section 481.213, Florida S	tatutes.				
Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.					
Individuals other than licensed contractors licensed under	Section 489.111, Florida S	tatutes, or professional engineer licensed			
under Section 471.015, Florida Statutes, must inspect the s	tructures personally and n	not through employees or other persons.			
Licensees under s.471.015 or s.489.111 may authorize a dir	ect employee who possesse	es the requisite skill, knowledge, and			
experience to conduct a mitigation verification inspection. I, Joseph Fonte am a qualified inspector a					
·	and I personally performed	d the inspection or (licensed			
(print name) contractors and professional engineers only) I had my emple) perform the inspection of inspector)			
and I agree to be responsible for his/her work.)	(print name	of hispector)			
Qualified Inspector Signature:	Date: 12/1	.5/2022			
An individual or entity who knowingly or through gross ne	ogliganca pravidas a falsa a	ar fraudulant mitigation varification form is			
subject to investigation by the Florida Division of Insurance	e Fraud and may be subje	ect to administrative action by the			
appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who					
certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally					
performed the inspection.					
<u>Homeowner to complete</u> : I certify that the named Qualifie residence identified on this form and that proof of identification					
Signature:l	Date•				
An individual or entity who knowingly provides or utters a	false or fraudulent mitiga	ation verification form with the intent to			
obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)	hich the individual or enti	ity is not entitled commits a misdemeanor			
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to c	ertify any product or construction feature			
Inspectors Initials Property Address 1059-1073 Co	ountry Club Dr, Building	g 6 Titusville Fl 32780			
//					
*This verification form is valid for up to five (5) years proving curacies found on the form	vided no material changes	have been made to the structure or			
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Front Right





Rear Left





No openings protected Building Number