

Uniform Mitigation Verification Inspection Form

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

Ingression Date: 42/45/2022	is form and any ac	beamentation provid	ea with the mourant	<u>e poney</u>			
Inspection Date: 12/15/2022							
Owner Information Owner Name: Club Hacienda Condominium Association Contact Person:							
Owner Name: Club Hacienda Condominium Association			Home Phone:				
Address: 979-1001 Country Club Dr		22700	Work Phone:				
City: Titusville	Zip:	32780					
County: Brevard Insurance Company:			Cell Phone: (321) 735-7624 Policy #:				
1 2	# of Stories: -		<u> </u>				
Year of Home: 1986	# of Stories: 2		Email: office@clover	keyservices.com			
NOTE: Any documentation used in valida accompany this form. At least one photog though 7. The insurer may ask additional	graph must accompai	ny this form to validate	e each attribute marked	d in questions 3			
<ol> <li>Building Code: Was the structure built in the HVHZ (Miami-Dade or Broward cou</li> <li>A. Built in compliance with the FBC a date after 3/1/2002: Building Perm</li> <li>B. For the HVHZ Only: Built in comprovide a permit application with a d</li> <li>C. Unknown or does not meet the rec</li> <li>Roof Covering: Select all roof covering</li> </ol>	Inties), South Florida I C: Year Built it Application Date (MI appliance with the SFBO date after 9/1/1994: Bu quirements of Answer	Building Code (SFBC-94  For homes built in 2  M/DD/YYYY)  C-94: Year Built  ilding Permit Application  "A" or "B"	4)? 2002/2003 provide a per 20	mit application with 094 1995 and 1996			
OR Year of Original Installation/Replace covering identified.							
	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	Provided for Compliance			
1. Asphalt/Fiberglass Shingle /	/						
🔀 2. Concrete/Clay Tile Pern	nit PBP18-001885, 05,	/15/18, Final 12/21/18					
3. Metal	_/						
<ul> <li>A. All roof coverings listed above minstallation OR have a roofing permi</li> <li>B. All roof coverings have a Miamiroofing permit application after 9/1/1</li> <li>C. One or more roof coverings do noted D. No roof coverings meet the requires</li> </ul>	at application date on of Dade Product Approved 1994 and before 3/1/20 of meet the requirement rements of Answer "A	or after 3/1/02 OR the roal listing current at time 002 OR the roof is origing ts of Answer "A" or "B".	of is original and built in of installation OR (for to nal and built in 1997 or l	n 2004 or later. he HVHZ only) a			
3. Roof Deck Attachment: What is the west A. Plywood/Oriented strand board (Comparison of Strands o	OSB) roof sheathing a along the edge and 12 s, nails, adhesives, other Options B or C below that minimum thickness spaced a maximum of strafter spacing that is a mean uplift rest	ttached to the roof truss/ in the fieldOR- Batter deck fastening system w. ss of 7/16"inch attached f 12" inches in the field. shown to have an equisistance of at least 103 p	ten decking supporting van or truss/rafter spacing to the roof truss/rafter (s-OR- Any system of scralent or greater resistants).	wood shakes or wood that has an equivalent spaced a maximum of ews, nails, adhesives, nce 8d nails spaced a			
C. Plywood/OSB roof sheathing wit 24"inches o.c.) by 8d common nails decking with a minimum of 2 nails pany system of sevens, nails, adhesive Inspectors Initials Property Address.  *This varification form is valid for up to 6.	spaced a maximum o per board (or 1 nail pe ves, other deck fasteni ss 979-1001 Countr	f 6" inches in the field. r board if each board is ing system or truss/rafte y Club Dr, Building 2	-OR- Dimensional lumber equal to or less than 6 in respecting that is shown 2 Titusville FI 3278	per/Tongue & Groove nches in width)OR- to have an equivalent 80			

\*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  $Page\ 1\ of\ 4$ 

		greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least	
		•	ed Concrete Roof Deck.	
	E.	Other:		
	F.	Unknown	or unidentified.	
	G.	No attic a	access.	
			<b>tachment:</b> What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within e 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 to the top plate of the wall, or	
			Metal connectors that do not meet the minimal conditions or requirements of B, C, or D	
M	inim	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:	
		$\boxtimes$	Secured to truss/rafter with a minimum of three (3) nails, and	
		$\boxtimes$	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.	
$\times$	В.	Clips		
		×	Metal connectors that do not wrap over the top of the truss/rafter, <b>or</b>	
			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.	
Ш	C.	Single Wi	raps  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.	
닏			or unidentified	
Ш	Н.	No attic a	access	
			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.  Total length of non-hip features: feet; Total roof system perimeter: feet	
	В.	Flat Roof		
X	C.	Other Roo		
	A.	SWR (als sheathing dwelling	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) to called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the 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.	
		No SWR. Unknown	or undetermined.	
Inspectors Initials Property Address 979-1001 Country Club Dr, Building 2 Titusville Fl 32780				

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7. <u>Opening Protection</u>: 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		×	×	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				×	

N	opening recedion products that appear to be real back are not remied						ĺ	
IN	Other protective coverings that cannot be identified as A, B, or C							
х	X No Windborne Debris Protection X				X			
a	A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 I minimum, with impact resistant coverings or products listed as wind system of the State of Florida or Miami-Dade County and meet the requirement.	borne debr	is protecti	on devices	in the p	roduct	approval	ıt
	nd Large Missile Impact" (Level A in the table above).				8	- )		
	<ul> <li>Miami-Dade County PA 201, 202, and 203</li> </ul>							
	Florida Building Code Testing Application Standard (TAS) 201, 202, <u>and</u> 203							
	<ul> <li>American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996</li> </ul>							
	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								
L	A.2 One or More Non-Glazed openings classified as Level D in the table ab X in the table above	ove, and no	Non-Glaze	d openings	classified	l as Leve	1 B, C, N, o	r
	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X	in the table	above					
o ir	B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb penings are protected, at a minimum, with impact resistant coverings in the product approval system of the State of Florida or Miami-Dade or "Cyclic Pressure and Large Missile Impact" (Level B in the table a ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)	or produc County and	ts listed as	windborn	e debris	protect	tion device	es
	• 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								
L	B.2 One or More Non-Glazed openings classified as Level D in the table about in the table above	ove, and no	Non-Glaze	d openings	classified	as Leve	l C, N, or X	
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in $\mathfrak t$	he table abo	ve					
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).					h			
	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 Yon-Glazed openings is classified as Level N or X in the table above

N. Exterior Opening Protection (unverified shutter s	systems with no documents	ation) All Glazed openings are protected with				
protective coverings not meeting the requirements of An						
with no documentation of compliance (Level N in the ta	,					
N.1 All Non-Glazed openings classified as Level A, B, C, c	•					
N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no No	on-Glazed openings classified as Level X in the				
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above					
X. None or Some Glazed Openings One or more Glaze	ed openings classified and I	Level X in the table above.				
MITIGATION INSPECTIONS MUST B	BE CERTIFIED BY A QUAI	LIFIED INSPECTOR.				
Section 627.711(2), Florida Statutes, prov	ides a listing of individuals					
Joseph Fonte	License Type: Home Inspector	License or Certificate #: HI13365				
Inspection Company:	Tiorne mapeetor	Phone:				
Honor Services		(321) 327-2950				
Qualified Inspector – I hold an active license as a						
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board						
☐ Building code inspector certified under Section 468.607, Florida						
General, building or residential contractor licensed under Section	·					
Professional engineer licensed under Section 471.015, Florida St						
Professional architect licensed under Section 481.213, Florida Se						
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						
under Section 471.015, Florida Statutes, must inspect the st						
<u>Licensees under s.471.015 or s.489.111 may authorize a dir</u> experience to conduct a mitigation verification inspection.	ect employee who possesse	es the requisite skill, knowledge, and				
Issault Fauts	17 H 6					
(print name) am a qualified inspector a	and I personally performed	d the inspection or (licensed				
contractors and professional engineers only) I had my emplo		) perform the inspection				
(print name of inspector) and I agree to be responsible for his/her work.)						
Qualified Inspector Signature:	Date: 12/1	5/2022				
An individual or entity who knowingly or through gross ne	gligence provides a false o	r fraudulent mitigation verification form is				
subject to investigation by the Florida Division of Insurance	e Fraud and may be subje	ct to administrative action by the				
appropriate licensing agency or to criminal prosecution. (S						
<u>certifies this form shall be directly liable for the misconductors</u> <u>performed the inspection.</u>	t of employees as if the au	thorized mitigation inspector personally				
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification						
Signature:1	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)						
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to co	ertify any product or construction feature				
/ IH						
Inspectors Initials Property Address 979-1001 Cou	intry Club Dr, Building 2	2 Titusville Fl 32780				
*This verification form is valid for up to five (5) years prov						
*This verification form is valid for up to five (5) years provinaccuracies found on the form.						
*This verification form is valid for up to five (5) years prov	rided no material changes					





Front Right





Rear Left





No openings protected Building number





SWR 8D Nails





Clips with three nails 6x6 nail spacing