

Uniform Mitigation Verification Inspection Form

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

Inspecti	on Date: 08/31/2023		pro v		<u>r , , </u>			
	Information							
Owner 1	Name: Village Square of Tit	usville Condo		Contact Person:				
	E 1685 Harrison St			Home Phone:				
	tusville	Zip:	32780	Work Phone:				
	Brevard			Cell Phone:				
	ce Company:			•	Policy #:			
Year of	Home: 1988	# of Stories: 2	ories: 2 Email: office@cloverkeyservices.com; add					
accomp	Any documentation used in vocany this form. At least one pl 7. The insurer may ask addit	otograph must accomp	any this form to valid	ate each attribute marke	d in questions 3			
the 1	provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)							
	Year of Original Installation/Re ering identified. 2.1 Roof Covering Type:	placement OR indicate th	at no information was FBC or MDC Product Approval #	available to verify complia Year of Original Installation or Replacement	No Information Provided for Compliance			
		#1685, Permit BP18-001		•	_			
	_	#1005, Perillit BP10-001		10, IIIai 04/00/2016.				
	2. Concrete/Clay Tile	/						
	3. Metal	/						
	4. Built Up							
	5. Membrane	/						
	6. Other							
 								
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 sevens, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent Inspectors Initials Property Address 1685 Harrison St Titusville Fl 32780								
*This v	erification form is valid for up	to five (5) years provid	ed no material chang	es have been made to the	structure.			

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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 leas 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 to 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 nai 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 a 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.
E. Structural Anchor bolts structurally connected or reinforced concrete roof.F. Other:
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. <u>Secondary Water Resistance (SWR)</u> : (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 1685 Harrison St 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		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						
I N	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	×				×	

N	· · · · · · · · · · · · · · · · · · ·						
	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 minimum, with impact resistant coverings or products listed as wind by stem of the State of Florida or Miami-Dade County and meet the requirement.	orne debr	is protecti	on devices	in the p	roduct	approval
	nd Large Missile Impact" (Level A in the table above).				U	,	
	 Miami-Dade County PA 201, 202, and 203 						
	• Florida Building Code Testing Application Standard (TAS) 20	01, 202, <u>an</u>	<u>1</u> 203				
	American Society for Testing and Materials (ASTM) E 1886 a	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							
Ш	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X is	n the table	above				
op in	 Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I penings are protected, at a minimum, with impact resistant coverings at the product approval system of the State of Florida or Miami-Dade Cor "Cyclic Pressure and Large Missile Impact" (Level B in the table ab ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.) 	or produc County and	ts listed as	windborn	e debris	protec	tion device
	• SSTD 12 (Large Missile – 4 lb. to 8 lb.)						
_	 For Skylights Only: ASTM E 1886 <u>and</u> ASTM E 1996 (Large 						
_	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 about in the table above	eve, and no	Non-Glaze	d openings of	classified	l as Leve	l C, N, or X
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in th	e table abo	ve				
	Exterior Opening Protection- Wood Structural Panels meeting ywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2009.1000.0000.0000000000000000000000000					are co	overed wit
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n	o Non-Gla	zed opening	s 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

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

N. Exterior Opening Protection (unverified shutter	systems with no documents	tion) All Glazed openings are protected with				
protective coverings not meeting the requirements of A	nswer "A", "B", or C" or sys					
with no documentation of compliance (Level N in the table above).						
	N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist					
N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above						
N.3 One or More Non-Glazed openings is classified as Lev	vel X in the table above					
X. None or Some Glazed Openings One or more Glaz	zed openings classified and Lo	evel X in the table above.				
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov						
Qualified Increator Name: Joseph Fonte	License Type: Home Inspector	License or Certificate #: HI13365				
Inspection Company:	Home inspector	Phone:				
Honor Services	4 ` '					
Qualified Inspector – I hold an active license as a	_ ` /					
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	and completion of a proficiency					
Building code inspector certified under Section 468.607, Florida Statutes.						
General, building or residential contractor licensed under Section 489.111, Florida Statutes.						
	Professional engineer licensed under Section 471.015, Florida Statutes.					
 □ Professional architect licensed under Section 481.213, Florida S □ Any other individual or entity recognized by the insurer as posses 		as to manually complete a uniform mitigation				
verification form pursuant to Section 627.711(2), Florida Statute		is to property complete a uniform mitigation				
Individuals other than licensed contractors licensed under						
under Section 471.015, Florida Statutes, must inspect the s Licensees under s.471.015 or s.489.111 may authorize a dir						
experience to conduct a mitigation verification inspection.	ect employee who possesses	s the requisite skin, knowledge, and				
Jacob Fonto	and I personally performed	the inspection or (licensed				
(print name)						
contractors and professional engineers only) I had my empl	oyee () perform the inspection of inspector)				
and I agree to be responsible for his/her work.)	7					
Qualified Inspector Signature:	Date: 08/31	1/2023				
An individual or entity who knowingly or through gross no	egligence provides a false or	fraudulent mitigation verification form is				
subject to investigation by the Florida Division of Insurance	<u>ce Fraud and may be subjec</u>	t to administrative action by the				
appropriate licensing agency or to criminal prosecution. (S certifies this form shall be directly liable for the misconduc						
performed the inspection.	ct of employees as if the aut	norized initigation inspector personany				
Homeowner to complete: I certify that the named Qualifie	ed Inspector or his or her emp	lovee did perform an inspection of the				
residence identified on this form and that proof of identification						
Signature: Date:						
	Date:					
	Date:					
An individual or entity who knowingly provides or utters a	a false or fraudulent mitigat	ion verification form with the intent to				
	a false or fraudulent mitigat	ion verification form with the intent to				
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)	a false or fraudulent mitigat which the individual or entit	tion verification form with the intent to y is not entitled commits a misdemeanor				
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w	a false or fraudulent mitigat which the individual or entit	tion verification form with the intent to y is not entitled commits a misdemeanor				
An individual or entity who knowingly provides or utters a 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	a false or fraudulent mitigat which the individual or entit aly and cannot be used to ce	tion verification form with the intent to y is not entitled commits a misdemeanor rtify any product or construction feature				
An individual or entity who knowingly provides or utters a 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. Inspectors Initials Property Address 1685 Harrison *This verification form is valid for up to five (5) years provided.	a false or fraudulent mitigat which the individual or entit aly and cannot be used to ce In St Titusville Fl 3278	cion verification form with the intent to y is not entitled commits a misdemeanor rtify any product or construction feature				
An individual or entity who knowingly provides or utters a 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. Inspectors Initials Property Address 1685 Harrison	a false or fraudulent mitigat which the individual or entit aly and cannot be used to ce In St Titusville Fl 3278	cion verification form with the intent to y is not entitled commits a misdemeanor rtify any product or construction feature				





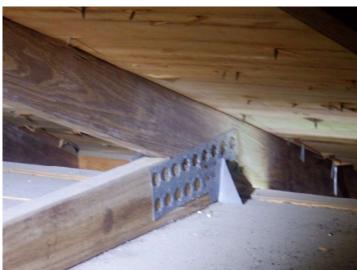
Front Right





Rear Left





Openings not protected

Clip





6x6 nail pattern



6x6 nail pattern



SWR 8d nail