

Uniform Mitigation Verification Inspection Form

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

Owner Information Owner Name: Village Square of Titus	ville Condo					
Owner Name: Village Square of Titus	ille Condo					
			Contact Person:			
Address: 1725 Harrison St	Ι		Home Phone:			
City: Titusville	Zip:	32780	Work Phone:			
County: Brevard			Cell Phone:			
Insurance Company:	T.,		Policy #:			
Year of Home: 1984	# of Stories: 2		Email: office@cloverkeyservices.co	om ; aden.cloverkeyinc@gmail.com		
NOTE: Any documentation used in val accompany this form. At least one phot though 7. The insurer may ask addition	ograph must accomp	any this form to valida	ate each attribute marked	l in questions 3		
 Building Code: Was the structure builthe HVHZ (Miami-Dade or Broward compliance with the FE a date after 3/1/2002: Building Per B. For the HVHZ Only: Built in comprovide a permit application with a Comprovide a Dermit application with a De	ounties), South Florida C: Year Built mit Application Date (ompliance with the SFI date after 9/1/1994: E	For homes built is MM/DD/YYYY)BC-94: Year BuiltBuilding Permit Applica	-94)? n 2002/2003 provide a peri For homes built in 19	mit application with		
2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.						
•	it Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
1. Asphalt/Fiberglass Shingle #1	725, Permit PR14-000	205 issued 05/20/14 fir	nal 06/12/14.			
2. Concrete/Clay Tile	·/					
						
<u> </u>						
_						
	<u></u>					
 A. All roof coverings listed above installation OR have a roofing period B. All roof coverings have a Miam roofing permit application after 9/2 C. One or more roof coverings do 	nit application date on i-Dade Product Appro /1994 and before 3/1/2 not meet the requirement	or after 3/1/02 OR the val listing current at tin 2002 OR the roof is origents of Answer "A" or "	roof is original and built in ne of installation OR (for the ginal and built in 1997 or la	2004 or later. ne HVHZ only) a		
D. No roof coverings meet the requ	irements of Answer "	A" or "B".				
 3. Roof Deck Attachment: What is the v A. Plywood/Oriented strand board by staples or 6d nails spaced at 6' shinglesOR- Any system of scree mean uplift less than that required B. Plywood/OSB roof sheathing v 24"inches o.c.) by 8d common nail other deck fastening system or true 	(OSB) roof sheathing along the edge and 1 ws, nails, adhesives, of for Options B or C belief a minimum thickn is spaced a maximum	attached to the roof tru 2" in the fieldOR- B ther deck fastening syst ow. ess of 7/16"inch attache of 12" inches in the fiel	atten decking supporting v em or truss/rafter spacing t ed to the roof truss/rafter (s ldOR- Any system of scro	wood shakes or wood that has an equivalent spaced a maximum of ews, nails, adhesives,		
other deck fastening system or trumaximum of 12 inches in the field C. Plywood/OSB roof sheathing verification of 2 nail and system of screws, nails, adhermals. Inspectors Initials. Property Address: *This verification form is valid for up to the series of the ser	or has a mean uplift registry ith a minimum thickness spaced a maximum sper board (or 1 nail prices, other deck fasters 1725 Harrison States	esistance of at least 103 ess of 7/16"inch attache of 6" inches in the field per board if each board ning system or truss/rat St Titusville FI 32"	s psf. ed to the roof truss/rafter (sdOR- Dimensional lumb is equal to or less than 6 in fter spacing that is shown to 780	spaced a maximum of er/Tongue & Groove aches in width)OR-to have an equivalent		

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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 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 nail 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.
F. Other:
G. Unknown or unidentified
H. No attic access
11. No aute 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 1725 Harrison St 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. Page 2 of 4 321-327-2950



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		Glazed Openings				Non-Glazed Openings	
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest 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		×	×	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	Opening Protection products that appear to be A or B but are not verified					<u> </u>		
IN	Other protective coverings that cannot be identified as A, B, or C							
Х	No Windborne Debris Protection	×				X		
a	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 debri	s protecti	on devices	in the p	roduct a	approval	ıt
	nd Large Missile Impact" (Level A in the table above).				0	J		
	 Miami-Dade County PA 201, 202, and 203 							
	• Florida Building Code Testing Application Standard (TAS) 20	01, 202, <u>and</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 and ASTM E 1996 							
	 For Garage Doors Only: ANSI/DASMA 115 							
	m A.1 All Non-Glazed openings classified as A in the table above, or no Non-G	lazed openi	ngs exist					
	A.2 One or More Non-Glazed openings classified as Level D in the table abo X in the table above			d openings of	classified	as Leve	1 B, C, N, o	r
L	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in	n the table a	bove					
o _j	S. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb L 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	or product County and	s listed as	windborn	e debris	protect	tion device	es
	• 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 aborin the table above	ve, and no N	Von-Glaze	d openings o	classified	as Leve	1 C, N, or X	
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in th	e table abov	e					
	Exterior Opening Protection- Wood Structural Panels meeting ywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20					are co	vered wit	:h
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n	o Non-Glaz	ed 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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Property Address 1725 Harrison St Titusville Fl 32780

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

the table above

Inspectors Initials

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						
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	BE CERTIFIED BY A QUAI	LIFIED INSPECTOR.				
Section 627.711(2), Florida Statutes, prov	~	who may sign this form.				
Joseph Fonte	License Type: Home Inspector	License or Certificate #: HI13365				
Inspection Company:	Tiome mapeeror	Phone:				
Honor Services		(321) 327-2950				
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 proficience					
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 Statutes.						
Professional architect licensed under Section 481.213, Florida Statutes.						
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 s Licensees under s.471.015 or s.489.111 may authorize a dir						
experience to conduct a mitigation verification inspection.	ect employee who possesse	es the requisite skin, knowledge, and				
Lacarda Fanta	and I nersonally performe	d the inspection or (licensed				
(print name)	ind I personally personally	a the hispection of (weeksen				
contractors and professional engineers only) I had my emple) perform the inspection of inspector)				
and I agree to be responsible for his/her work.)						
Qualified Inspector Signature:	Date: 08/3	31/2023				
An individual or entity who knowingly or through gross ne	egligence provides a false o	or fraudulent mitigation verification form is				
subject to investigation by the Florida Division of Insurance						
appropriate licensing agency or to criminal prosecution. (S certifies this form shall be directly liable for the misconduc						
performed the inspection.	or or emproyees us if the un	morped maguiton inspector personally				
Homeowner to complete: I certify that the named Qualifie						
residence identified on this form and that proof of identification		•				
Signature:	Date:					
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)	thich the individual or enti	ity is not entitled commits a misdemeanor				
The definitions on this form are for inspection purposes on		outify any much of an appeturation facture				
	ly and cannot be used to c					
as offering protection from hurricanes.	lly and cannot be used to c	ertily any product or construction leature				
as offering protection from hurricanes. Inspectors Initials Property Address 1725 Harrison *This verification form is valid for up to five (5) years prov	n St Titusville Fl 3278	30				
as offering protection from hurricanes. Inspectors Initials Property Address 1725 Harrison	n St Titusville Fl 3278	30				





Front Right





Rear Left





Openings not protected

Clip



3 4 5 9 3 8 -9 -10 11 3 14 15 -17 13 14 25 21 22

6x6 nail pattern



6x6 nail pattern

SWR



8d nail



Address