

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 08/31/2023							
Owner Information							
Owner Name: Village Square of T	itusville Condo		Contact Person:				
Address: 1735 Harrison St			Home Phone:				
City: Titusville	Zip:	32780	Work Phone:				
County: Brevard			Cell Phone:				
Insurance Company:			Policy #:				
Year of Home: 1984	# of Stories:	2	2 Email: office@cloverkeyservices.com; aden.cloverkeyinc@gmail.com				
NOTE: Any documentation used in accompany this form. At least one though 7. The insurer may ask add	photograph must ac	ecompany this form to vali	idate each attribute mark	ed in questions 3			
<ol> <li>Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?</li> <li>A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MMDD/YYYY)</li></ol>							
OR Year of Original Installation/I covering identified.  2.1 Roof Covering Type:	Replacement OR 1ndi  Permit Application Date	cate that no information wa  FBC or MDC  Product Approval #	IS AVAILABLE TO VETIFY COMPL  Year of Original Installation or Replacement	No Information Provided for Compliance			
1. Asphalt/Fiberglass Shingle	#1735, Permit PR1	L4-000402 issued 09/22/14	final 10/16/14				
2. Concrete/Clay Tile			<u></u>				
<u>_</u>	//			<u> </u>			
☐ 3. Metal	//						
4. Built Up	//						
5. Membrane	//						
6. Other	//						
<ul> <li>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.</li> <li>B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.</li> <li>C. One or more roof coverings do not meet the requirements of Answer "A" or "B".</li> <li>D. No roof coverings meet the requirements of Answer "A" or "B".</li> <li>3. Roof Deck Attachment: What is the weakest form of roof deck attachment?</li> <li>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 equivalen mean uplift less than that required for Options B or C below.</li> <li>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 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.</li> <li>C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.</li> </ul>							
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	Address 1/95 Harr	ison St. Litusville. Fl. 3	52/8U				
*This verification form is valid for	up to five (5) years	provided no material chan	ges have been made to th	e structure.			

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4

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. <b>Roof to Wall Attachment:</b> What is the <b>WEAKEST</b> 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, <b>and</b>
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, <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 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.
F. Other: G. Unknown or unidentified
H. No attic access
11. No auto access
5. <b>Roof Geometry:</b> 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 1795 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 Place an "X" in each row to identify all forms of protection in use for each		Glazed Openings				Non-Glazed Openings	
openi form	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		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	Specific Products and appear to be 7 of 5 but the not verifica						
14	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	×				X	
a	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
	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, and 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 and 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	•		d openings	classified	l as Leve	1 B, C, N, o
Ш	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X	in the table	above				
o <sub>l</sub> in	<ul> <li>Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I 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 all</li> <li>ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)</li> </ul>	or produc County and	ts listed as	windborr	ne debris	protect	tion device
	• SSTD 12 (Large Missile – 4 lb. to 8 lb.)						
	<ul> <li>For Skylights Only: ASTM E 1886 and ASTM E 1996 (Larg</li> </ul>	e Missile - 2	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 about in the table above	ove, and no	Non-Glaze	d openings	classified	l as Leve	1 C, N, or X
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	ne table abo	ve				
	Exterior Opening Protection- Wood Structural Panels meeting ywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2					are co	overed wit
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or I	no Non-Gla	zed opening	gs 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 1795 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						
protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B' with no documentation of compliance (Level N in the table above).						
N.1 All Non-Glazed openings classified as Level A, B, C, C	or N in the table above, or no N	on-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 Glazed	ed openings classified and I	Level X in the table above.				
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov						
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)					
Home inspector licensed under Section 468.8314, Florida Statute	es who has completed the statu					
training approved by the Construction Industry Licensing Board  Building code inspector certified under Section 468.607, Florida		ey exam.				
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					
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 st						
<u>Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection.</u>	ect employee who possesse	es the requisite skill, knowledge, and				
Jacob Fonto	and I personally performed	d the inspection or ( <i>licensed</i>				
(print name)		•				
contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector)						
and I agree to be responsible for his/her work.	/ -/ no/2	1/2022				
Qualified Inspector Signature:	Date: 08/3	51/2025				
An individual or entity who knowingly or through gross ne	gligence provides a false o	or fraudulent mitigation verification form is				
subject to investigation by the Florida Division of Insurance	e Fraud and may be subjection 627.711(4) (7) Flor	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 identificatio						
Signature:l	Date:					
An individual or entity who knowingly provides or utters a	false or fraudulent mitiga	ntion 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 1795 Harrison	n St Titusville Fl 3278	30				
*This verification form is valid for up to five (5) years proving equipment on the form	rided no material changes	have been made to the structure or				
inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155		Page 4 of 4				
www.HonorServices.com ClientCare@H	lonorServices.com					





Front Right





Rear Left





Openings not protected

Clip





6x6 nail pattern

SWR





8d nails