

Uniform Mitigation Verification Inspection Form

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

Inspection	n Date: 08/31/2023	avant with with	profit		<u> </u>		
Owner Information							
Owner Name: Village Square of Titusville Condo				Contact Person:			
	1765 Harrison St		Home Phone				
City: Titu		Zip:	32780	Work Phone:			
County:				Cell Phone:			
	Company:			•	Policy #:		
Year of H	^{Iome:} 1984	# of Stories: 2		Email: office@cloverkeyservices.com; aden.cloverkeyinc@g			
accompa	Any documentation used in v ny this form. At least one ph . The insurer may ask additi	otograph must accompa	ny this form to validat	e each attribute marked			
 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)? 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)							
	ear of Original Installation/Reling identified.	placement OR indicate the	at no information was av	railable to verify complian Year of Original Installation or	ce for each roof No Information Provided for		
2	2.1 Roof Covering Type:	Date	Product Approval #	Replacement	Compliance		
1	1. Asphalt/Fiberglass Shingle	<u>#1765, Permit 10-000012</u>	.94, applied 10/05/10, fi	nal <u>10/08/10. Buil</u> t 1983			
İ	2. Concrete/Clay Tile	<u>//</u>					
I	3. Metal						
ĺ	4. Built Up	<u> </u>					
1							
I	6. Other						
in B rc C D S A by sh m B 24 of m C 24 dd	All roof coverings listed about stallation OR have a roofing profing permit application after. One or more roof coverings of the Noroof coverings meet the representation of the Noroof Covering of the Noroof Covering of States in the Noroof Covering States in	we meet the FBC with a F ermit application date on ami-Dade Product Appropriate of Answer 1/2 to not meet the requirements of Answer 1/2 to make the requirements of Answer 1/	or after 3/1/02 OR the reval listing current at time 2002 OR the roof is origints of Answer "A" or "EA" or "B". eck attachment? attached to the roof trust 2" in the fieldOR- Bather deck fastening system ow. ess of 7/16" inch attached is shown to have an equiversity ess of 7/16" inch attached in the field is shown to have an equiversity of 12" inches in the field inches of 6" inches in the field er board if each board is	soof is original and built in e of installation OR (for the inal and built in 1997 or la 3". s/rafter (spaced a maximum ten decking supporting we may or truss/rafter spacing the decking system of screen ivalent or greater resistance in the tothe roof truss/rafter (sp. 1OR- Any system of screen ivalent or greater resistance is a constant of the roof truss/rafter (sp. 1OR- Dimensional lumbers equal to or less than 6 incompositions.)	2004 or later. e HVHZ only) a ter. m of 24" inches o.c.) ood shakes or wood hat has an equivalent baced a maximum of ws, nails, adhesives, ce 8d nails spaced a baced a maximum of er/Tongue & Groove ches in width)OR-		
Inspector	rs Initials Property Ad	dress 1795 Harrison S	t Titusville Fl 327	80			
*This vei	rification form is valid for up	to five (5) years provide	ed no material changes	have been made to the st	tructure.		

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

www.HonorServices.com ClientCare@HonorServices.com Page 1 of 4

		nils spaced a maximum of 6 inches in the field or has a mean uplift resistance of at leas
	182 psf.	
片	D. Reinforced Concrete Roof Deck.E. Other:	
片	F. Unknown or unidentified.	
П	G. No attic access.	
4 Ro		AKEST roof to wall connection? (Do not include attachment of hip/valley jacks within
	Feet of the inside or outside corner of the road. Toe Nails	
	_	op plate of wall using nails driven at an angle through the truss/rafter and attached to
		not meet the minimal conditions or requirements of B, C, or D
Mi		es B, C, or D. All visible metal connectors are:
17111		h a minimum of three (3) nails, and
	Attached to the wall top p	late of the wall framing, or embedded in the bond beam, with less than a ½" gap from r and blocked no more than 1.5" of the truss/rafter, and free of visible severe
\times	B. Clips	
		not wrap over the top of the truss/rafter, or
	position requirements of 0	ninimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail C or D, but is secured with a minimum of 3 nails.
Ш	C. Single Wraps	ing of a single strap that wrops over the top of the truss/refter and is secured with
		ing of a single strap that wraps over the top of the truss/rafter and is secured with a e front side and a minimum of 1 nail on the opposing side.
	D. Double Wraps	0
	beam, on either side of the	ing of 2 separate straps that are attached to the wall frame, or embedded in the bond e truss/rafter where each strap wraps over the top of the truss/rafter and is secured with the front side, and a minimum of 1 nail on the opposing side, or
		ng of a single strap that wraps over the top of the truss/rafter, is secured to the wall on to the top plate with a minimum of three nails on each side.
		ally connected or reinforced concrete roof.
	F. Other:	
님	G. Unknown or unidentified	
Ш	H. No attic access	
		o not consider roofs of porches or carports that are attached only to the fascia or wall of the determination of roof perimeter or roof area for roof geometry classification).
	A. Hip Roof Hip roof with no other	er roof shapes greater than 10% of the total roof system perimeter.
	Total length of non-h B. Flat Roof Roof on a building w	ip features: feet; Total roof system perimeter: feet ith 5 or more units where at least 90% of the main roof area has a roof slope of
X		area with slope less than 2:12 sq ft; Total roof area sq ft ot qualify as either (A) or (B) above.
6. <u>Sec</u>	A. SWR (also called Sealed Roof Deck)	dard underlayments or hot-mopped felts do not qualify as an SWR) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the rrier (not foamed-on insulation) applied as a supplemental means to protect the event of roof covering loss.
Inspec	ctors Initials Property Address 1	795 Harrison St Titusville Fl 32780
*TL:~	vonification form is valid for an 45 f	(5) years provided no motorial shapes have been made to the standard or
1 1118	vermeation 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.

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

Page 2 of 4

www.HonorServices.com ClientCare@HonorServices.com 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	
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.		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		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						
l ^N	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	×				X	

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	
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							
	and Large Missile Impact" (Level A in the table above).						
	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 						
	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 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	n the table a	bove				
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne 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 and Large Missile Impact" (Level B in the table above):							
	• 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 and 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 above, and no Non-Glazed openings classified as Level C, N, or X in the table above							
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in th	e table abov	e				
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).							
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings 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						

*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.

Property Address 1795 Harrison St Titusville Fl 32780

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

the table above

Inspectors Initials

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 s	systems with no documents	ation) All Glazed openings are protected with			
protective coverings not meeting the requirements of A	nswer "A", "B", or C" or sy				
with no documentation of compliance (Level N in the ta	<i>'</i>				
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 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 OUAL	LIFIED INSPECTOR.			
Section 627.711(2), Florida Statutes, prov	ides a listing of individuals	who may sign this form.			
Ouglified Inspector Name: 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	· (ahaalz ana)	(021) 021-2000			
Home inspector licensed under Section 468.8314, Florida Statut		tory number of hours of hurricane mitigation			
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					
Professional engineer licensed under Section 471.015, Florida S					
Professional architect licensed under Section 481.213, Florida S					
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute		ons to properly 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 possesse	es the requisite skin, knowledge, and			
Jacob Fonto	and I personally performed	d the inspection or (<i>licensed</i>			
(print name)	ind I personally personally	a the inspection of (needsea			
contractors and professional engineers only) I had my emplo) perform the inspection of inspector)			
and I agree to be responsible for his/her work.)	7	of inspector)			
Qualified Inspector Signature:	Date: 08/3	1/2023			
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 subje	ect to administrative action by the			
appropriate licensing agency or to criminal prosecution. (S					
certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.					
Homeowner to complete: I certify that the named Qualifie	d Ingrastor or his or hor on	played did nonform an increastion of the			
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 wof the first degree. (Section 627.711(7), Florida Statutes)	hich the individual or enti	ity is not entitled commits a misdemeanor			
	l., d d b d d				
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	iy 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 provinaccuracies found on the form.	vided no material changes	have been made to the structure or			
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155		Page 4 of 4			
www.HonorServices.com ClientCare@H	Conor Services.com	321-327-2950			





Front Right





Rear Left





Openings not protected





6x6 nail pattern



Staples



1765 Noswr