Uniform Mitigation Verification Inspection Form

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

Owner Name: Windrush Bay Condon				
- Indiadir Day Coridor	ninium Association		Contact Person:	
Address: 501-508 Windrush Bay Dr				
City: Tarpon Springs	Zip:	34689	Home Phone: Work Phone:	
County: Pinellas		34009		
Insurance Company:			Cell Phone:	
Year of Home: 1976	# of Stories: 2		Policy #:	
NOTE: Any documentation used accompany this form. At least on			Email:	
Building Code: Was the structure the HVHZ (Miami-Dade or Brown A. Built in compliance with a date after 3/1/2002: Building B. For the HVHZ Only: Building provide a permit application □ C. Unknown or does not mee	re built in compliance with ward counties), South Florid the FBC: Year Built	the Florida Building (da Building Code (SFB For homes build (MMDD/YYYY) / FBC-94: Year Built Building Permit Applier "A" or "B"	Code (FBC 2001 or later) OBC-94)? t in 2002/2003 provide a per common per control of the control	ed in questions 3 m. PR for homes located ermit application wit
 Roof Covering: Select all roof cook Year of Original Installation/covering identified. 2.1 Roof Covering Type: 	OMOnimo de la como de	le the permit application hat no information was	on date OR FBC/MDC Proc available to verify compliance of Original Installation or	No Information
✓ 1 Asphalt/Fiberglass Shingle		Product Approval #	Replacement	Provided for Compliance
	1,18,22		2022	
2 Concrete/Clay Tile				
☐ 3 Metal				
4 Built Up	//-			
5 Membrane				
6 Other		-		
A All roof coverings listed of				
 A. All roof coverings listed at installation OR have a roofing B. All roof coverings have a Noofing permit application after 	Miami-Dade Product Appro or 9/1/1994 and before 3/1/	val listing current at tir	roof is original and built in me of installation OR (for the	1 2004 or later.
□ C. One or more roof coverings □ D. No roof coverings meet the Roof Deck Attachment: What is to by staples or 6d nails spaced a shinglesOR- Any system of mean uplift less than that required B. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common other deck fastening system of maximum of 12 inches in the form.	requirements of Answer ", the weakest form of roof depart (OSB) roof sheathing at 6" along the edge and 12 screws, nails, adhesives, othered for Options B or C belong with a minimum thickner nails spaced a maximum of truss/rafter spacing that it	A" or "B". cck attachment? attached to the roof tru " in the fieldOR- B ther deck fastening syst ow. ess of 7/16" inch attache of 12" inches in the fiel	ss/rafter (spaced a maximu atten decking supporting w em or truss/rafter spacing t ed to the roof truss/rafter (s dOR- Any system of scre	vood shakes or wood hat has an equivalen paced a maximum o

	istance than 8d common nails spaced a maximum of 6 inches in the d Concrete Roof Deck.	field or has a mean uplift resistance of at least
☐ E. Other:		
	or unidentified.	
☐ G. No attic ac	ccess.	
 Roof to Wall Attander feet of the inside A. Toe Nails 	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not or outside corner of the roof in determination of WEAKEST type)	include attachment of hip/valley jacks within
	Truss/rafter anchored to top plate of wall using nails driven at an a the top plate of the wall, or	angle through the truss/rafter and attached to
	Metal connectors that do not meet the minimal conditions or require	ments of B. C. or D.
Minimal condition	ns to qualify for categories B, C, or D. All visible metal connector	s are:
U	Secured to truss/rafter with a minimum of three (3) nails, and	
Ц	Attached to the wall top plate of the wall framing, or embedded in the blocking or truss/rafter and blocked no more than 1.5" of the truscorrosion.	ne bond beam, with less than a ½" gap from ss/rafter, and free of visible severe
_	Metal connectors that do not	
	Metal connectors that do not wrap over the top of the truss/rafter, or Metal connectors with a minimum of 1 strap that wraps and	
	Metal connectors with a minimum of 1 strap that wraps over the top position requirements of C or D, but is secured with a minimum of 3	of the truss/rafter and does not meet the nail
☐ C. Single Wra	ps	
	Metal connectors consisting of a single strap that wraps over the t minimum of 2 nails on the front side and a minimum of 1 nail on the	top of the truss/rafter and is secured with a
D. Double Wr	aps	opposing side.
а	Metal Connectors consisting of 2 separate straps that are attached to to beam, on either side of the truss/rafter where each strap wraps over the minimum of 2 nails on the front side, and a minimum of 1 nail on to the strap wraps.	he top of the truss/rafter and is secured with
b	vietal connectors consisting of a single strap that wraps over the top cooth sides, and is secured to the top plate with a minimum of three na	- fal - 4 / C
☐ E. Structural ☐ F. Other:	Anchor bolts structurally connected or reinforced concrete roof.	
G. Unknown of	runidentified	
H. No attic acc		
5. Roof Geometry: W the host structure ov	hat is the roof shape? (Do not consider roofs of porches or carports the unenclosed space in the determination of roof perimeter or roof are	hat are attached only to the fascia or wall of
☐ A. Hip Roof	Hip roof with no other roof shapes greater than 10% of the total r	a of avatam manife
☐ B. Flat Roof	Total length of non-hip features: feet; Total roof system p Roof on a building with 5 or more units where at least 90% of the	owing at a
☑ C. Other Roof	less than 2:12. Roof area with slope less than 2:12 sq ft Any roof that does not qualify as either (A) or (B) above.	main roof area has a roof slope of ; Total roof areasq ft
sheathing or	Resistance (SWR): (standard underlayments or hot-mopped felts do ralled Sealed Roof Deck) Self-adhering polymer modified-bitumen refoam adhesive SWR barrier (not foamed-on insulation) applied as a smaller intrusion in the event of roof covering loss.	
Inspectors Initials SB	Property Address 501-508 Windrush Bay Dr, Tarpon Springs, FL 34689	
	is valid for up to five (5) years provided no material changes hav he form. 12) Adopted by Rule 69O-170.0155	
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7. Opening Protection: What is the weakest 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,

Place	ening Protection Level Chart an "X" in each row to identify all forms of protection in use for each		Glazed O	penings			Glazed enings
form the w	ing 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 reakest 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						
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)			X	Х		
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	RIE CA	L. C.				
N	Opening Protection products that appear to be A or B but are not verified				4.00		
	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection					X	
		X	X			Х	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) 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, and no Non-Glazed openings classified as Level B, C, N, or
 - A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
- 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 and 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
 - B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- 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
 - C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

Inspectors Initials SB Property Address 501-508 Windrush Bay Dr, Tarpon Springs, FL 34689

^{*}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.

N.I. All Non-Glazed openings	ting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" on the table above).
N.2 One or More Non-Clared	classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist
table above	openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in t
N.3 One or More Non-Glazed o	openings is classified as Level X in the table above
X. None or Some Glazed Ope	enings One or more Glazed openings classified and Level X in the table above.
MITIGATION	INSPECTIONS MUST BE CERTIFIED
Qualified Inspector Name	stances, provides a listing of individuals who may sign this form
Shaun Bernstein Inspection Company	Building License or Certificate #
Sunshine Builders of Tampa LLC	CBC1250088
Qualified Inspector - I hold a	813-971-5003
Home inspector licensed under Section	in active license as a: (check one)
training approved by the Construction	on 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation Industry Licensing Board and completion of a proficiency exam.
Building code inspector certified und	ler Section 468 607. Florida Completion of a proficiency exam.
☐ General, building or residential contra	actor licensed under Section 489.111, Florida Statutes.
- Professional engineer licensed under	Section 471.015 Florida Statutas
Professional architect licensed under	Section 481.213. Florida Statutae
Any other individual or entity recogni	ized by the t
verification form pursuant to Section	627.711(2). Florida Statutes.
contractors and professional engineer.	a qualified inspector and I personally performed the inspection or (licensed es only) I had my employee (Mike LaFever perform the inspection
contractors and professional engineer, and I agree to be responsible for his/	rs only) I had my employee (Mike LaFever) perform the inspection
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and I agree to be responsible for his/Qualified Inspector Signature: An individual or entity who knowing ubject to investigation by the Florida ppropriate licensing agency or to criertifies this form shall be directly lia erformed the inspection. Iomeowner to complete: I certify the estidence identified on this form and that ignature: In individual or entity who knowingly of the first degree. (Section 627.711(7), the definitions on this form are for insoffering protection from hurricanes spectors Initials SB Property Additional or entity and insurance of the spectors Initials Property Additional or entity and the spectors Initials Property Additional or entity and the spectors Initials Property Additional or entity and the spectors Initials Output Description of the spector of the	(print name of inspection (print name of inspector) (her work. Date: Vor through gross negligence provides a false or fraudulent mitigation verification form a Division of Insurance Fraud and may be subject to administrative action by the iminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who table for the misconduct of employees as if the authorized mitigation inspector personally that the named Qualified Inspector or his or her employee did perform an inspection of the at proof of identification was provided to me or my Authorized Representative. Date: Date: