Uniform Mitigation Verification Inspection Form

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

Inspection Date: 04-10-2025						
Owner Information Waterside at Suntree Country Club Condo						
Owner Name: Waterside at Suntree Count	Contact Person: Sue	Contact Person: Sue Geier				
Address: 400, 404, 408, 412, 416, 420 Entran	nce Way Melbourne, FL 32940		Home Phone: 321-259-0502			
City: Melbourne, FL	Zip:		Work Phone: 321-259			
County:Brevard		-	Cell Phone:	-0302		
Insurance Company:			Policy #:			
Year of Home: 1984	# of Stories: 2					
NOTE: Any documentation used in valida	NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must					
though 7. The insurer may ask additional	raph must accompa questions regarding	ny this form to valida g the mitigated featur	ate each attribute marke re(s) verified on this forn	d in questions 3		
the 11 v 112 (whathi-Dade of Broward cour	<u>Building Code</u> : 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 date after 3/1/2002: Building Permi	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 (MM/DD/YYYY)//					
 B. For the HVHZ Only: Built in comprovide a permit application with a day 	B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) / /					
X C. Unknown or does not meet the req	uirements of Answer	"A" or "B"				
2. <u>Roof Covering:</u> 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.						
Permit A	pplication ate	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
☐ 1. Asphalt/Fiberglass Shingle	5, 2024	FL-39780	04-05-2024			
2. Concrete/Clay Tile	<u>/</u>					
☐ 3. Metal/	/					
4. Built Up	1					
5. Membrane /						
☐ 6. Other						
A. All roof coverings listed above me installation OR have a roofing permit	et the FBC with a FB application date on o	or after 3/1/02 OR the	roof is original and built in	ent at time of 2004 or later.		
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.						
☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".						
☐ D. No roof coverings meet the requirements of Answer "A" or "B".						
3. Roof Deck Attachment: What is the weal	kest form of roof dec	k attachment?				
A. Plywood/Oriented strand board (Of by staples or 6d nails spaced at 6" ald shinglesOR- Any system of screws,						
24"inches o.c.) by 8d common nails s other deck fastening system or truss/ra	. 그는 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 가는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은					
24"inches o.c.) by 8d common nails s decking with a minimum of 2 nails pe Any system of screws, nails, adhesive	ㅡ. 그 그는 사람이 있는 것이 되었다. 그리고 아이들은 사람들은 사람들이 되었다면 하면 하는데					

		18	greater res 32 psf.	sistance than 8d common halls spaced a maximum of 6 inches in the field or has a mean uplift resistance of at leas
			_	ed Concrete Roof Deck.
				or unidentified.
			. No attic a	
1	Do			
4.	5 f	eet o	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le or outside corner of the roof in determination of WEAKEST type)
			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
	Mi	nim	nal condition	ons 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.
		В.	Clips	
			X	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 Wi	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 V	Vraps
				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 a	ccess
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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
		В.	Flat Roof	
	X	C.	Other Roo	Any roof that does not qualify as either (A) or (B) above.
	Sec X		SWR (also sheathing	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
			No SWR.	
		C.	Unknown	or undetermined.
[n	spec	tore	Initiale /	LH Property Address 400, 404, 408, 412, 416, 420 Entrance Way Melbourne, FL 32940
*T	hie	vari	tication fo	rm is valid for un to five (5) years provided no material changes have been made to the structure or

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inaccuracies found on the form.

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

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, .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				Х		Х
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)			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					Х	
N	Opening Protection products that appear to be A or B but are not verified						
IV	Other protective coverings that cannot be identified as A, B, or C	Х					
Х	No Windborne Debris Protection						

- 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 X in the table above
 □ 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 graduat approach system of the State of Florida or Mismi Dada Country and great the gravity and system of the State of Florida or Mismi Dada Country and great the gravity and gravity
- 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.)
- \square 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 the table above
- □ <u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> 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 the table above
 - ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

Inspectors Initials LUH Property Address 400, 404, 408, 412, 416, 420 Entrance Way Melbourne, FL 32940

*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. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with						
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, or N in the table above, or no Non-Glazed openings exist						
□ N.2 One or More Non-Glazed openings classified as Level						
table above	D in the table above, and no rior	r-Grazed openings crassified as Level A 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 Le	vel X in the table above.				
MITIGATION INSPECTIONS MUST E						
Section 627.711(2), Florida Statutes, prov						
Qualified Inspector Name: Larry Henke	License Type: Certified Building Contractor	License or Certificate #: CBC-1259699				
Inspection Company:		Phone:				
Sloan Construction Group, Inc.		321-327-5756				
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 statuto	ry number of hours of hurricane mitigation				
training approved by the Construction Industry Licensing Board						
☐ Building code inspector certified under Section 468.607, Florida	Statutes.					
K General, building or residential contractor licensed under Section	General, building or residential contractor licensed under Section 489.111, Florida Statutes.					
Professional engineer licensed under Section 471.015, Florida St	tatutes.					
Professional architect licensed under Section 481.213, Florida St	tatutes.					
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute		s to properly complete a uniform mitigation				
Individuals other than licensed contractors licensed under	Section 489.111, Florida Sta	tutes, or professional engineer licensed				
under Section 471.015, Florida Statues, must inspect the str						
Licensees under s.471.015 or s.489.111 may authorize a direction	ect employee who possesses	the requisite skill, knowledge, and				
experience to conduct a mitigation verification inspection.						
I, Larry Henke am a qual fied inspector a	and I personally performed t	the inspection or (licensed				
(print name)	. Ν/Δ					
contractors and professional engineers only I had my emplo	oyee () perform the inspection				
and I agree to be responsible for his/her pork.	(brint name of	i inspector)				
440	Date: 04-10	-2025				
Qualified Inspector Signature:	Date: Ot 10	2020				
An individual or entity who knowingly or through gross ne	gligence provides a false or	fraudulent mitigation verification form is				
subject to investigation by the Florida Division of Insurance Fraud and may be subject 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.						
Homeowner to complete: I certify that the named Qualified	d Inspector or his or her emplo	oyee did perform an inspection of the				
<u>Homeowner to complete</u> : I certify that the named Qualified residence identified on this form and that proof of identification						
residence identified on this form and that proof of identification	n was provided to me or my	Authorized Representative.				
	n was provided to me or my	Authorized Representative.				
residence identified on this form and that proof of identification Signature: I	n was provided to me or my A	Authorized Representative.				
residence identified on this form and that proof of identification Signature: I An individual or entity who knowingly provides or utters a	n was provided to me or my A Date: false or fraudulent mitigati	Authorized Representative. on verification form with the intent to				
residence identified on this form and that proof of identification Signature: I An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w	n was provided to me or my A Date: false or fraudulent mitigati	Authorized Representative. on verification form with the intent to				
residence identified on this form and that proof of identification. Signature: I 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)	n was provided to me or my A Date: false or fraudulent mitigati hich the individual or entity	On verification form with the intent to is not entitled commits a misdemeanor				
residence identified on this form and that proof of identification. Signature: I 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	n was provided to me or my A Date: false or fraudulent mitigati hich the individual or entity	On verification form with the intent to is not entitled commits a misdemeanor				
residence identified on this form and that proof of identification. Signature: I 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)	n was provided to me or my A Date: false or fraudulent mitigati hich the individual or entity ly and cannot be used to cer	on verification form with the intent to is not entitled commits a misdemeanor tify any product or construction feature				

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400 Entrance Way through 420 Entrance Way (Building "E")







Deck nail pattern

Roof to wall connection Roof Geometry







Opening 1

Opening 2

Window 1







Window 2

Winow 3

Opening 3



Opening 4