## Uniform Mitigation Verification Inspection Form Maintain a copy of this form and any documentation provided with the insurance policy

Inches	etion Date:	101111 and any docum	nemanon provided wit	in the mstrance pone	<u>y.</u>			
	r Information							
	Name:		Co	ontact Person:				
Addre				Home Phone:				
City:		Zip:		Work Phone:				
County:		Zip.		Cell Phone:				
Insurance Company:				Policy #:				
	f Home:	# of Stories: Email:						
NOTE accom	2: Any documentation used in validation the company this form. At least one photo to 7. The insurer may ask additions	dating the compliance of the compliance of the compliance of the compane of the compliance of	or existence of each cons y this form to validate ea	truction or mitigation a ch attribute marked in				
1. <b>Bu</b>	ilding Code: Was the structure buil	t in compliance with the	e Florida Building Code (	FBC 2001 or later) OR for	or homes			
	ocated 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 (MM/DD/YYYY)/							
	B. For the HVHZ Only: Built in c 1996 provide a permit application (MM/DD/YYYY)//	ompliance with the SFE n with a date after 9/1/1	BC-94: Year Built	For homes built in	1994, 1995, an			
$\checkmark$	C. Unknown or does not meet the	requirements of Answe	r "A" or "B"					
nu	2. Roof Coverings: 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.							
	2.1 Roof Covering Type	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
	1. Asphalt/Fiberglass Shingle	//	-					
	2. Concrete/Clay Tile	//		<del></del>				
	3. Metal	//						
	4. Built Up	//		<del></del>				
	5. Membrane 6. Other	<u>03-30-2024</u> //	2024.03.2340	2024				
$\checkmark$	A. All roof coverings listed above installation OR have a roofing pe							
	B. All roof coverings have a Miar roofing permit application after 9							
	C. One or more roof coverings do	not meet the requireme	nts of Answer "A" or "B".					
	D. No roof coverings meet the req	uirements of Answer "A	A" or "B".					
3 Ro	of Deck Attachment: What is the w	veakest form of roof dec	k attachment?					
	oof Deck Attachment: What is the weakest form of roof deck attachment?  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 equivalent mean uplift less than that required for Options B or C below.							
	B. Plywood/OSB roof sheathing waximum of 24"inches o.c.) by 8 screws, nails, adhesives, other dec greater resistance 8d nails spaced	d common nails spaced ck fastening system or tr	a maximum of 12" inches russ/rafter spacing that is s	s in the fieldOR- Any sy hown to have an equival	stem of lent or			
<b>~</b>	C. Plywood/OSB roof sheathing v maximum of 24"inches o.c.) by 8 lumber/Tongue & Groove deckin less than 6 inches in width)OR-	with a minimum thickned common nails spaced g with a minimum of 2 s	ess of 7/16"inch attached to a maximum of 6" inches inails per board (or 1 nail p	to the roof truss/rafter (sp in the fieldOR- Dimens per board if each board is	aced a sional equal to or			
Inch	ectors Initials ML P							
					_			
	s verification form is valid for up t	to five (5) years provided	d no material changes hav	e been made to the stru	cture or			

		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.	4. Roof to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)							
	<b>~</b>	A. Toe Nai	S					
		$\checkmark$	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	nimal cond	itions 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 1/2" 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, 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 V	Vraps					
			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, <b>or</b>					
		Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall both sides, and is secured to the top plate with a minimum of three nails on each side.						
		E. Structura	al Anchor bolts structurally connected or reinforced concrete roof.					
		F. Other						
		G. Unknow	n or unidentified					
		H. No attic	access					
5.	. <u>Roof Geometry:</u> What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fas wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).							
		A. Hip Ro	of 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 Ro						
		C. Other R	oof Any roof that does not qualify as either (A) or (B) above.					
6.	Sec	ondary Wa	ter 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 SW						
	<b>~</b>	C. Unknov	wn or undetermined.					
I	nspe	ctors Initials	ML Property Address 123 Example street, Pompano Beach, FL 33064					
			form is valid for up 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

spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches

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. Non-Glazed **Glazed Openings Opening Protection Level Chart Openings** Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Entry Garage Glass Garage Skylights or Entry form of protection (lowest row) for any of the Glazed openings and indicate the Block Doors Doors Doors Doors weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Χ Χ Χ Χ A Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) Χ Χ В Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) C Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, D ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance Opening Protection products that appear to be A or B but are not verified N Other protective coverings that cannot be identified as A, B, or C X 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 exist 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 in the table above 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 the table above ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

Inspectors Initials ML Property Address 123 Example street, Pompano Beach, FL 33064

<sup>\*</sup>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 (unverifie								
with protective coverings not meeting the re "A" or "B" with no documentation of comp			swer					
□ 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 D in the table above, and no Non-Glazed openings								
classified as Level X in the table above								
□ N.3 One or More Non-Glazed openings								
☐ X. None or Some Glazed Openings One or	more Glazed openings classi	fied and Level X in the table above.						
MITIGATION INSPECTIONS N	MUST BE CERTIFIED	BY A QUALIFIED INSPECTOR.						
Section 627.711(2), Florida Statuto	es, provides a listing of i	ndividuals who may sign this form.						
Qualified Inspector Name:  Michael Lerner	License Type: Home Inspection	License or Certificate #: HI12853						
Inspection Company: Mikes Home Inspections	•	Phone: 954-546-0812						
Qualified Inspector - I hold an active lices	nse as a: (check one)	70.0.0						
✓ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation								
training approved by the Construction Industry Lic	ensing Board and completion of		igation					
Building code inspector certified under Section 468								
General, building or residential contractor licensed	·	Statutes.						
<ul><li>Professional engineer licensed under Section 471.0</li><li>Professional architect licensed under Section 481.2</li></ul>								
Any other individual or entity recognized by the in		qualifications to properly complete a uniform mit	igation					
verification form pursuant to Section 627.711(2), I								
Individuals other than licensed contractors license								
licensed under Section 471.015, Florida Statutes, persons. Licensees under s.471.015 or s.489.111 r			<u>other</u>					
knowledge, and experience to conduct a mitigation	-	oyee who possesses the requisite skin,						
I Michael Lauren ama avalified ingresseen	and I nausanally naufaumad	the inspection on (linewed contractors						
I, Michael Lerner am a qualified inspector (print name)	and i personally performed	the inspection or (licensed contractors						
and professional engineers only) I had my emplo	yee (	perform the inspection and I agree to						
be responsible for his/her work.	(print name or inspe	ector)						
mf	_							
Qualified Inspector Signature:	Date:	09/11/2024						
An individual or entity who knowingly or throug	h oross neolioence nrovides	a false or fraudulent mitigation verificati	on					
form is subject to investigation by the Florida Div								
the appropriate licensing agency or to criminal p								
Inspector who certifies this form shall be directly inspector personally performed the inspection.	liable for the misconduct of	<u>femployees as if the authorized mitigation</u>						
inspector personany personned the inspection.			<u>l</u>					
Homeowner to complete: I certify that the named			<u>l</u>					
residence identified on this form and that proof of	Qualified Inspector or his or	ner employee did perform an inspection of t						
I -	dentification was provided t	o me or my Authorized Representative.						
Signature:	dentification was provided t	o me or my Authorized Representative.						
Signature:	dentification was provided t	o me or my Authorized Representative.						
Signature: An individual or entity who knowingly provides of	dentification was provided t  Date:	o me or my Authorized Representative.	he					
An individual or entity who knowingly provides obtain or receive a discount on an insurance pres	Date:  or utters a false or fraudulen	o me or my Authorized Representative.  nt mitigation verification form with the int	he					
An individual or entity who knowingly provides	Date:  or utters a false or fraudulen	o me or my Authorized Representative.  nt mitigation verification form with the int	he					
An individual or entity who knowingly provides obtain or receive a discount on an insurance pres	Date:  Date:  or utters a false or frauduler nium to which the individual (7), Florida Statutes)	o me or my Authorized Representative.  nt mitigation verification form with the interest of the commits a	he ent to					
An individual or entity who knowingly provides obtain or receive a discount on an insurance premisdemeanor of the first degree. (Section 627.71)	Date:  Date:  or utters a false or frauduler nium to which the individual (7), Florida Statutes)	o me or my Authorized Representative.  nt mitigation verification form with the interest of the commits a	he ent to					
An individual or entity who knowingly provides obtain or receive a discount on an insurance premisdemeanor of the first degree. (Section 627.71)  The definitions on this form are for inspection provides of the first degree.	Date:  Date:  or utters a false or frauduler nium to which the individual (7), Florida Statutes)	o me or my Authorized Representative.  nt mitigation verification form with the interest of the commits a	he ent to					
An individual or entity who knowingly provides obtain or receive a discount on an insurance premisdemeanor of the first degree. (Section 627.71)  The definitions on this form are for inspection provides of the first degree.	Date:  Date:  or utters a false or frauduler nium to which the individual (7), Florida Statutes)	o me or my Authorized Representative.  nt mitigation verification form with the interest of the commits a	he ent to					
An individual or entity who knowingly provides obtain or receive a discount on an insurance premisdemeanor of the first degree. (Section 627.71)  The definitions on this form are for inspection provides of the first degree.	Date:	o me or my Authorized Representative.  Int mitigation verification form with the interest of the commits a seed to certify any product or construction	he ent to					
An individual or entity who knowingly provides obtain or receive a discount on an insurance premisdemeanor of the first degree. (Section 627.71)  The definitions on this form are for inspection prefeature as offering protection from hurricanes.	Date:  Da	nt mitigation verification form with the intel or entity is not entitled commits a used to certify any product or construction	he ent to					

## **Photos**

## **Photos**







building # front elevation of building right elevation of building







rear elevation of building left elevation of building front elevation of unit

Inspectors Initials ML Property Address 123 Example street, Pompano Beach, FL 33064





rear elevation of unit







impact windows label

impact windows label

roof elevation pic # 1







roof elevation pic # 2

4 inch nail spacing roof deck attachment

8d common nails used roof deck

Inspectors Initials\_ MLProperty Address 123 Example street, Pompano Beach, FL 33064





7/16 inch roof deck thickness

toe nails roof to wall attachment