Uniform Mitigation Verification Inspection Form

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

Inspection Date: 11-11-2021							
Owner Information							
Owner Name: LAKES OF DEER CREEK CONDO ASSN				Contact Person:			
Address	:3109, 3111, 3113, 3115, 3	117, 3119 Deer Creek L	ake Shore Dr.	Home Phone:			
City: De	erfield Beach	Zip: 33	3062	Work Phone:			
County:	Broward			Cell Phone:			
Insuranc	ee Company:	·		Policy #:			
Year of	Home: 1982	# of Stories: 2		Email:			
accomp though	Any documentation used in any this form. At least one p. 7. The insurer may ask addit	hotograph must accompa tional questions regardin	nny this form to validate g the mitigated feature	e each attribute marked (s) verified on this form.	in questions 3		
the I	 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 (MM/DD/YYYY)//						
_	provide a permit application wi			on Date (MM/DD/YYYY)/_	/		
2. Roo t OR Y	 C. Unknown or does not meet the requirements of Answer "A" or "B" Roof Covering: 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 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	02 ,04 ,2008	Permit #:081153-0	2008	$\overline{\Box}$		
	3. Metal				H		
		/			H		
	4. Built Up						
	5. Membrane	/					
	6. Other				Ш		
	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.						
	B. All roof coverings have a M roofing permit application after						
	C. One or more roof coverings	do not meet the requireme	nts of Answer "A" or "B	3".			
	D. No roof coverings meet the	requirements of Answer "A	A" or "B".				
3. Roo t	f Deck Attachment: What is th	ne weakest form of roof de	ck attachment?				
<u> </u>	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 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. C. 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 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 nspectors Initials WSP Property Address 3109, 3111, 3113, 3115, 3117, 3119 Deer Creek Lake Shore Dr.						
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inspectors mitials rroperty Address or object of the bloom							

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4

		or greater res	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least		
D. Reinforced Concrete Roof Deck.					
	H				
	Ħ		or unidentified.		
	Ħ	G. No attic a			
4.		of to Wall Att	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)		
		A. Toe Nails	S		
			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		
	Miı	nimal condition	ons to qualify for categories B, C, or D. All visible metal connectors are:		
		\checkmark	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.		
		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 W	raps 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 F. Other:	Anchor bolts structurally connected or reinforced concrete roof.		
		G. Unknown	or unidentified		
		H. No attic a	access		
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			
		B. Flat Roof	Total length of non-hip features: 10 feet; Total roof system perimeter: 218 feet 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 Ro			
6	Sec	ondary Wate	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)		
0.		A. SWR (als sheathing	so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the g 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.		
	√	B. No SWR.			
			n or undetermined.		
Ins	spec	tors Initials _	WSP_ Property Address_3109, 3111, 3113, 3115, 3117, 3119 Deer Creek Lake Shore Dr.		
*T	his v	verification fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or		

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7. **Opening Protection:** 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		Х		Χ			
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							
N	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							
Х	No Windborne Debris Protection	Х				Х	Х	

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 device 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 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

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C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

the table above

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N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the	Answer "A", "B", or C" or syst	ion) All Glazed openings are protected with tems that appear to meet Answer "A" or "B"			
 N.1 All Non-Glazed openings classified as Level A, B, C, N.2 One or More Non-Glazed openings classified as Leve table above 		· ·			
N.3 One or More Non-Glazed openings is classified as Le	vel X in the table above				
X. None or Some Glazed Openings One or more Gla	zed openings classified and Le	evel X in the table above.			
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro	~				
Qualified Inspector Name: William Scott Pluto	License Type: General Contractor & Home Ins	License or Certificate #: spector 1507049 5256			
Inspection Company: Tri-County Engineering & Inspections, Inc		Phone: 954-767-5955 INFO@TCEIFL.COM			
Qualified Inspector – I hold an active license as	a: (check one)				
 Qualified Inspector – I hold an active license as a: (check one) 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 Licensing Board and completion of a proficiency exam. Building code inspector certified under Section 468.607, Florida Statutes. General, building or residential contractor licensed under Section 489.111, Florida Statutes. Professional engineer licensed under Section 471.015, Florida Statutes. Professional architect licensed under Section 481.213, Florida Statutes. Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes. 					
under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection. I, William Scott Pluto am a qualified inspector and I personally performed the inspection or (licensed (print name)) contractors and professional engineers only) I had my employee (print name of inspector) and I agree to be responsible for his/her work.					
Qualified Inspector Signature:	Date:				
An individual or entity who knowingly or through gross is subject to investigation by the Florida Division of Insuran appropriate licensing agency or to criminal prosecution. (certifies this form shall be directly liable for the misconduperformed the inspection.	ce Fraud and may be subject Section 627.711(4)-(7), Florid	t to administrative action by the la Statutes) The Qualified Inspector who			
Homeowner to complete: I certify that the named Qualifi residence identified on this form and that proof of identificati Signature:	ed Inspector or his or her emplon was provided to me or my A Date: 01/12/22	Authorized Representative.			
An individual or entity who knowingly provides or utters obtain or receive a discount on an insurance premium to of the first degree. (Section 627.711(7), Florida Statutes)					
The definitions on this form are for inspection purposes o as offering protection from hurricanes.	nly and cannot be used to cer	rtify any product or construction feature			
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Tri-County Engineering & Inspections, Inc













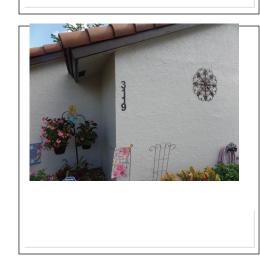












Tri-County Engineering & Inspections. Inc

