### **Uniform Mitigation Verification Inspection Form**

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

Inspec	etion Date: 2/13/2024			The state of the s	<u>1</u> /				
Owne	r Information								
Owner Name: Venetian Isles Condominium Assciation Contact Per									
Address: 3256 White Ibis Court Building 2 units 21A&B to 26A&B				Home Phone:					
	Punta Gorda	Zip: 33950			Work Phone:				
	y: Charlotte				Cell Phone:				
	nce Company:			Policy #:					
Year	of Home: 1987	# of Stories: 2		Email:	Email:				
accon thoug	E: Any documentation used in pany this form. At least one p h 7. The insurer may ask addi	hotograph must accompa tional questions regardin	any this form to vali g the mitigated feat	idate each attribute marke ure(s) verified on this form	ed in questions 3 m.				
	nilding Code: Was the structure HVHZ (Miami-Dade or Browar A. Built in compliance with the	rd counties), South Florida e FBC: Year Built	Building Code (SFE For homes buil	BC-94)?					
	a date after 3/1/2002: Building B. For the HVHZ Only: Built i provide a permit application w	n compliance with the SFI	BC-94: Year Built						
V	C. Unknown or does not meet			[Cation Date (MM/DD/YYYY)					
		-		on data OD EDC/MDC Dua	l., o.t. A				
Ol	oof Covering: Select all roof covering: Select all 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								
	✓ 3. Metal	08/08/2023		2023					
	4. Built Up								
	5. Membrane								
	6. Other								
•	A. All roof coverings listed about installation OR have a roofing	permit application date on	or after 3/1/02 OR th	ne roof is original and built	in 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.								
	8								
	D. No roof coverings meet the requirements of Answer "A" or "B".								
3. <u>R</u>	<b>Roof Deck Attachment</b> : 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 sheathin 24"inches o.c.) by 8d common other deck fastening system or a maximum of 12 inches in the	nails spaced a maximum of truss/rafter spacing that is	of 12" inches in the f shown to have an eq	fieldOR- Any system of so puivalent or greater resistance	rews, nails, adhesives,				
	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								

Inspectors Initials Property Address 3256 White Ibis Court Building 2 units 21A&B to 26A&B, Punta Gorda, Fl 33 \*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.

		182 psf.	sistance than 8d common hans spaced a maximum of 6 inches in the field of has a mean upint resistance of at leas
		-	ed Concrete Roof Deck.
	П		
			or unidentified.
		G. No attic a	
4	D.		
4.			tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within the or outside corner of the roof in determination of WEAKEST type)
		A. Toe Nails	
			Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to top plate of the wall, or
			Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	М.	nimal aanditi	·
	IVIII		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 <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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
	•	C. Single W	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with
		D. D. 11. V	minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D. Double V	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	•
		G. Unknown	n 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 o 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
		B. Flat Roof	
		C. Other Ro	of Any roof that does not qualify as either (A) or (B) above.
6.	Sec	A. SWR (also sheathing dwelling B. No SWR	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the gor 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.  In or undetermined.
In	spec	ctors Initials	Property Address 3256 White Ibis Court Building 2 units 21A&B to 26A&B, Punta Gorda, FI 3

\*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.

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			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		$\times$	$\times$	X		X
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	X				X	
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						
IN	Other protective coverings that cannot be identified as A, B, or C						
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

🗹 A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

- 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.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

- **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 the table above

C. Exterior Opening Protection-	Wood Structura	l Panels meeting	FBC 2007	All	Glazed	openings	are	covered	with
plywood/OSB meeting the requirement	ents of Table 1609.1	1.2 of the FBC 200	7 (Level C in	the	table abo	ove).			

C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist

 $\square$  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

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

Inspectors Initials Property Address 3256 White Ibis Court Building 2 units 21A&B to 26A&B, Punta Gorda, FI 3:

<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 (unverified shutter s						
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 No	on-Glazed openings classified as Level X in the				
☐ N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above					
☐ X. None or Some Glazed Openings One or more Glaze	ed openings classified and L	evel X in the table above.				
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi	ides a listing of individuals	who may sign this form.				
Qualified Inspector Name: Frederick C Rizzo	License Type: Home Inspect	or License or Certificate #: HI10724				
Inspection Company: Green Light Home Inspections		Phone: 941 876 8016				
Qualified Inspector – I hold an active license as a	: (check one)					
✓ Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	es who has completed the statut					
☐ Building code inspector certified under Section 468.607, Florida		,				
General, building or residential contractor licensed under Section	n 489.111, Florida Statutes.					
☐ Professional engineer licensed under Section 471.015, Florida St	atutes.					
☐ Professional architect licensed under Section 481.213, Florida St	atutes.					
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ns to properly complete a uniform mitigation				
Individuals other than licensed contractors licensed under						
under Section 471.015, Florida Statues, must inspect the str						
<u>Licensees under s.471.015 or s.489.111 may authorize a direction or s.489.111 may authorize a d</u>	ect employee wno possesse	s the requisite skill, knowledge, and				
	and I nersonally performed	I the inspection or (licensed				
(print name)	ind I personany periormed	the inspection of the install				
contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector)						
and I agree to be responsible for his/her work.						
Qualified Inspector Signature: Date: Date: Date: Date: Date: Date: Date: Date: Date:						
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is						
subject to investigation by the Florida Division of Insurance						
appropriate licensing agency or to criminal prosecution. (S						
certifies this form shall be directly liable for the misconduc performed the inspection.	t of employees as if the aut	norized mitigation inspector personally				
<u>Homeowner to complete</u> : I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.						
Signature:I	Date:					
An individual or entity who knowingly provides or utters a	false or fraudulent mitiga					
obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)		ty is not entitled commits a misdemeanor				
	hich the individual or entit					

\*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.



















