

Uniform Mitigation Verification Inspection Form

Prepared Exclusively for: Joe Homebuyer

1234 Somewhere St

Orlando, FL 32703

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 8/5/2021				
Owner Information				
Owner Name: Joe Homebuyer			Contact Person:	
Address: 1234 Somewhere St			Home Phone: (407) 7	56-4503
City: Orlando	Zip: 32703		Work Phone:	
County: Orange			Cell Phone: (407) 75	6-4503
Insurance Company: Citizens Insurance	9		Policy #: 1234567	
Year of Home: 1995	# of Stories: 1		Email:	
NOTE: Any documentation used in va accompany this form. At least one pho though 7. The insurer may ask addition	otograph must accomp	any this form to valid	late each attribute marke	ed in questions 3
Building Code: Was the structure by the HVHZ (Miami-Dade or Broward	counties), South Florida	Building Code (SFB0	C-94)?	
□ ""A. Built in compliance with the I a date after 3/1/2002: Building P				ermit application with
""B. For the HVHZ Only: Built in provide a permit application with	n a date after 9/1/1994: B	Building Permit Applic		
☑ ""C. Unknown or does not meet the	e requirements of Answe	er "A" or "B"		
2. Roof Covering: Select all roof cover OR Year of Original Installation/Rep covering identified.				ance for each roof
Po 2.1 Roof Covering Type:	ermit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
■ 1. Asphalt/Fiberglass Shingle	05/18/17		2017	
2. Concrete/Clay Tile	a			
3. Metal	a			
—	a			
				_
_	a			_ ' " '
6. Other	a			Ц
 "A. All roof coverings listed above installation OR have a roofing per "B. All roof coverings have a Mia roofing permit application after 9 	ermit application date on mi-Dade Product Appro	or after 3/1/02 OR the	e roof is original and built me of installation OR (for	in 2004 or later. the HVHZ only) a
☐ ""C. One or more roof coverings d	•		"B".	
☐ ""D. No roof coverings meet the re	quirements of Answer "	A" or "B".		
3. Roof Deck Attachment : What is the	weakest form of roof de	eck attachment? "		
by staples or 6d nails spaced at shinglesOR- Any system of sc mean uplift less than that require	rd (OSB) roof sheathing 6" along the edge and 1 rews, nails, adhesives, or	attached to the roof tr 2" in the fieldOR- l ther deck fastening sys	Batten decking supporting	wood shakes or wood
□ ""B. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common n other deck fastening system or t maximum of 12 inches in the fie	ails spaced a maximum russ/rafter spacing that	of 12" inches in the fi	eldOR- Any system of so quivalent or greater resist	erews, nails, adhesives,
☑ ""C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common n decking with a minimum of 2 na Any system of screws, nails, adh	ails spaced a maximum ils per board (or 1 nail p nesives, other deck faste	of 6" inches in the fie per board if each board ning system or truss/ra	eldOR- Dimensional lum I is equal to or less than 6	hber/Tongue & Groove inches in width)OR-
Inspectors Initials JML Property Add	iress 1234 Somewhere	e St		
*This verification form is valid for un	to five (5) years provid	ed no material chanc	ses have been made to the	structure

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		or great		istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
				d Concrete Roof Deck.
				<u></u>
				or unidentified.
	_		attic a	
4.		of to W	all Att	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
			oe 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
	Mir	nimal c	onditio	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
			Ø	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. Cli	_	
				Metal connectors that do not wrap over the top of the truss/rafter, or
	D	G 6:	1 337	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.
	Ø	C. Sir	ngle Wr	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. Do	ouble W	/raps
				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.
			ructural	•
				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. Hi	p Roof	
		B. Fla	at Roof	Total length of non-hip features: feet; Total roof system perimeter: 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
	Ø	C. Ot	her Roc	
6.	Sec	A. SV she dw	VR (also eathing	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.
	2			or undetermined.
Ins	pec	tors In	itials _. J	Property Address 1234 Somewhere St
				rm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.

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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, .2, or .3) as applicable.

•	ening Protection Level Chart			Glaz	ed O	penings				-Glazed enings
openi form	an "X" in each row to identify all forms of protection in use for each 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.	Wind or Er Doo	ntry	Gar	-	Skylig	hts	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure			V	7	V		V		
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)									
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				\Box					
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	~							~	V

- □ 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 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
- □ <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 M. Property Address 1234 Somewhere St

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□ N. Exterior Opening Protection (unverified shutter	avatama with no do aum antatio	m) All Clared anonings are mustasted with
N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the t	nswer "A", "B", or C" or system	ms that appear to meet Answer "A" or "B"
□ 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 Non-O	Glazed openings classified as Level X in the
□ N.3 One or More Non-Glazed openings is classified as Lev	rel X in the table above	
✓ X. None or Some Glazed Openings One or more Glaz		el X in the table above.
MITIGATION INSPECTIONS MUST I	BE CERTIFIED BY A QUALIF	IED INSPECTOR.
Section 627.711(2), Florida Statutes, prov	rides a listing of individuals wh	o may sign this form.
Qualified Inspector Name: Josiah Hammond	License Type: Home Inspector	License or Certificate #: HI13989
Inspection Company: Top Inspectors	Ph (4	one: 07) 756-4545
Qualified Inspector – I hold an active license as a	: (check one)	
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	es who has completed the statutory I and completion of a proficiency ex	
Building code inspector certified under Section 468.607, Florida		
☐ General, building or residential contractor licensed under Section ☐ Professional engineer licensed under Section 471.015. Florida S	,	
□ Professional engineer licensed under Section 471.015, Florida S □ Professional architect licensed under Section 481.213, Florida S		
☐ Any other individual or entity recognized by the insurer as posse		o properly complete a uniform mitigation
verification form pursuant to Section 627.711(2), Florida Statute		o property complete a annorm minigation
Individuals other than licensed contractors licensed under		
under Section 471.015, Florida Statues, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a dir		
experience to conduct a mitigation verification inspection.	teet employee who possesses ti	it requisite skin, knowledge, and
I, Josiah Hammond am a qualified inspector	and I personally performed th	e inspection or (licensed
(print name) contractors and professional engineers only) I had my empl	oyee (NA	_) perform the inspection
and I amount has be assessed by the big the second	(print name of i	nspector)
and I agree to be responsible for his/her work. Qualified Inspector Signature:	Date: 8/5/202	I
An individual or entity who knowingly or through gross no		
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	ct of employees as if the autho	rized mitigation inspector personally
performed the inspection.		
Homeowner to complete: I certify that the named Qualifier residence identified on this form and that proof of identification.		
residence identified on this form and that proof of identification	on was provided to me or my Au	
residence identified on this form and that proof of identification		
residence identified on this form and that proof of identification	on was provided to me or my Au Date: 8/5/2021	nthorized Representative.
residence identified on this form and that proof of identification. Signature:	on was provided to me or my Au Date: 8/5/2021 a false or fraudulent mitigation	nthorized Representative. n verification form with the intent to
residence identified on this form and that proof of identification Signature: An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to we	on was provided to me or my At Date: 8/5/2021 A false or fraudulent mitigation which the individual or entity in the second sec	n verification form with the intent to s not entitled commits a misdemeanor
residence identified on this form and that proof of identification. Signature: An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to work of the first degree. (Section 627.711(7), Florida Statutes) The definitions on this form are for inspection purposes or	on was provided to me or my Au Date: 8/5/2021 A false or fraudulent mitigation which the individual or entity in	n verification form with the intent to s not entitled commits a misdemeanor
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 or as offering protection from hurricanes. Inspectors Initials MM Property Address 1234 Somewh *This verification form is valid for up to five (5) years provided.	on was provided to me or my Au Date: 8/5/2021 A false or fraudulent mitigation which the individual or entity in ally and cannot be used to certified the second control of t	n verification form with the intent to s not entitled commits a misdemeanor fy any product or construction feature
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 or as offering protection from hurricanes. Inspectors Initials MM Property Address 1234 Somewh	on was provided to me or my Au Date: 8/5/2021 A false or fraudulent mitigation which the individual or entity in ally and cannot be used to certified the second control of t	n verification form with the intent to s not entitled commits a misdemeanor

Support Photos

Exterior Views









Building Permit (for homes built in 2002/2003)

PERMIT INFORM	MATION:				QView Google Ma		
	PLY DATE	NAME	ST	atus	ISSUE DATE EXPIRE DAT		
B97001369 0	01/31/97		Con	nplete	01/31/97		
TYPE		SUB	TYPE		WORK TYPE		
Residential P	ermit	Single	Family		New Construction		
	ADDRES	i e			PARCEL		
1501 Sunset	View Cir Ap	opka FL 32703		11-21	-28-8463-00-590		
		DESCF	IIPTION				
SINGLE FAMILY F RD. IMP	IES. LOT 5	SIDEWALKS & DR	IVE REQU	RED PD	340.82 CREDIT OF 727.87		
BUB PERMITS:							
PERMIT		APP. DATE		UE DATE	STATUS		
E97001372		01/31/97		/31/97	Complete		
H97000627		01/31/97		/31/97	Complete		
P97000900		01/31/97		/31/97	Complete		
T97000593		01/31/97	01	/31/97	Complete		
ASSOCIATED PR	OPERTY:						
	ADDRESS				PARCEL		
1501 Sunset 1	View Cir Ap	opka FL 32703		11-21	-28-8463-00-590		
SSOCIATED SU							
ASSOCIATED SU	NAME	N:			SUB ID		
SUNSET V				- 1	-21-28-8463		
					1-21-20-0400		
PEOPLE DETAIL:	S:						
PEOPLE DETAIL:		NAME			ADDRESS		
PEOPLE DETAIL:		NAME Avex Homes LLC Lee Huebne	(Jeffrey er)	32801	ADDRESS shington St Orlando Florida 407) 467-9866		
PEOPLE DETAIL: TYPE Contracto	or	Avex Homes LLC	(Jeffrey r)	32801	shington St Orlando Florida 407) 467-9866		
PEOPLE DETAIL: TYPE Contracto	or	Avex Homes LLC Lee Huebno	(Jeffrey r)	32801	shington St Orlando Florida		
PEOPLE DETAIL: TYPE Contracto PERMIT INFORM	MATION:	Avex Homes LLC Lee Huebno	(Jeffrey	32801	shington St Orlando Florida 407) 467-9865		
PEOPLE DETAIL: TYPE Contracto PERMIT INFORM	MATION:	Avex Homes LLC Lee Huebno	(Jeffrey ir) Brian Pei	32801 Phone: (shington St Orlando Florida 407) 467-9865		
Contractor PERMIT INFORM Building Safet Inspector	MATION: DESCRIP by Info	Avex Homes LLC Lee Huebno	ri)	32801 Phone: (shington St Orlando Florida 407) 467-9865		
Contractor PERMIT INFORM Building Safet Inspector	MATION: DESCRIP by Info	Avex Homes LLC Lee Huebno	ri)	32801 Phone: (shington St Orlando Florida 407) 467-9865		
Contracts PERMIT INFORM Building Safet Inspector Required Sub	MATION: DESCRIP by Info	Avex Homes LLC Lee Huebno	Brian Pei	32801 Phone: (shington St Orlando Florida 407) 467-9865		
Contracts Contracts PERMIT INFORM Building Safet Inspector Required Sub- Bectrical	MATION: DESCRIP by Info	Avex Homes LLC Lee Huebno	Brian Pei	32801 Phone: (shington St Orlando Florida 407) 467-9865		

Home built before 03/01/2002

Roof Covering







Roof Permit



Roof installed after 03/01/2002

Sheathing



5/8" OSB

Truss/Rafter Spacing



23" OC

Nail Size



8d nails (2.5")

Nail Spacing



Metal detector 6" spacing



6" spacing

Roof to Wall Attachment





Single wrap Single wrap

Roof Sketch

• (Photo may not be exactly to scale)

