# Uniform Mitigation Verification Inspection Form opy of this form and any documentation provided with the insu

Owner Information   Owner Name   COURTYARD HOMES ASSOCIATION INC   Contact Person:   Address: 1322-1330 Perioo Pointe Cir   Ultimore Phone:   Cirly Brademin   Zip:   Work Phone:   Cell Phone:   County Menatee   Cell Phone:   Policy #:   Policy Policy #:   Policy Policy #:   Policy #:   Policy #:   Policy #:   Policy #:   Policy Pol	Inchas		of this form and any	y documentation pro	vided with the insurance	<u>ce poncy</u>	
Owner Name: COURTYARD HOMES ASSOCIATION INC  Address: 1522-1530 Penco Pointe Cir  File Mone Phone:  County: Manatee  County: Manatee  County: Manatee  County: Manatee  County: Manatee  Policy #:  Year of Home: 1982  For Stories: ONE  Email:  NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(v) verified on this form.  Building Code: Was the structure built in compliance with the Florida Bailding Code (FRC 2001 or later) OR for homes located in the HVHZ (Mignis-Dade or Broward counties), South Florida Building Code (FRC 2001 or later) OR for homes located in the HVHZ (Mignis-Dade or Broward counties), South Florida Building Code (FRC 2001 or later) OR for homes located in the HVHZ (Mignis-Dade or Broward counties), South Florida Building Code (FRC 2001 or later) OR for homes located in the HVHZ (Mignis-Dade or Broward counties).  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 3/12/002: 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 3/12/002: Built in compliance or for "B".  R. Bot The HYHZ 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 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 overing identified  Like Covering: Select all roof covering types in use. Provide the permit application date on the selection of the selec	Inspection Date: 6/7/2022  Owner Information						
Address: 1322-1330 Perico Pointe Cir City: Bradenton   Zip: Work Phone: County: Manatee   Cell Phone:   Insurance Company:   Policy #:   Verar of Home: 1992   # of Stories: ONE   Email:   NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.  1. **Building Code:** Was the structure built in compliance with the FIFO: Year Built			ASSOCIATION INC		Contact Person:		
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Permit Application   Permit Application   Product Approval #   Permit Application or Repincement   Possible for Compiliance	OR	Year of Original Installation/R					
2 Concrete/Clay Tile	COV					Provided for	
□ 3. Metal   □ 4. Built Up   □ □   □   □   □   □   □   □   □   □		✓ 1. Asphalt/Fiberglass Shingle	3/18/2022	BR221142	2022		
4. Built Up		2. Concrete/Clay Tile					
S. Membrane		☐ 3. Metal					
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OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

		or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at le 182 psf.	ast
		D. Reinforced Concrete Roof Deck.	
	П	E. Other:	
		F. Unknown or unidentified.	
		G. No attic access.	
4.		of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks with et of the inside or outside corner of the roof in determination of WEAKEST type)	ıin
		A. Toe Nails	
		Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached the top plate of the wall, or	. to
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D	
	Miı	imal conditions 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.	1
	•	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 position requirements of C or D, but is secured with a minimum of 3 nails.	ıail
		C. Single Wraps	
		Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured wit minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.	n a
		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 wi a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, <b>or</b>	th
		☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall of both sides, and is secured to the top plate with a minimum of three nails on each side.	1
		E. Structural Anchor bolts structurally connected or reinforced concrete roof.	
		F. Other:	
		G. Unknown or unidentified	
		H. No attic access	
5.		of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).	of
		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 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 Roof Any roof that does not qualify as either (A) or (B) above.	
6.	Sec V	<ul> <li>A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to t 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.</li> </ul>	he
		<ul><li>B. No SWR.</li><li>C. Unknown or undetermined.</li></ul>	
In	SDec	tors Initials Property Address_1322-1330 Perico Pointe Cir, Bradenton, Fl	
111	pcc	2 Toperty Muress	
ALC:		+0+ 4+ 0 + 1+10 + 0+ /P\	

<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.

7. <u>Opening Protection</u>: 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		$\times$		$\times$	$\times$		
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)			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							
	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	X					X	

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

	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>B.</b> Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Gopenings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection define 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		

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

□ 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

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in the table above

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N. Exterior Opening Protection (unverified shutter's protective coverings not meeting the requirements of Ai with no documentation of compliance (Level N in the ta	nswer "A", "B", or C" or syste				
N.1 All Non-Glazed openings classified as Level A, B, C, o	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					
☐ 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 Glazed	ed openings classified and Lev	vel X in the table above.			
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, prov	ides a listing of individuals wi				
Qualified Inspector Name: Emilee Voss	License Type: Home Inspector	License or Certificate #: HI8144			
Inspection Company: Storm Force Inspections	P	Phone: (941)716-2690			
Qualified Inspector – I hold an active license as a	: (check one)				
<ul> <li>✓ Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board</li> <li>☐ Building code inspector certified under Section 468.607, Florida</li> </ul>	es who has completed the statutor and completion of a proficiency of				
General, building or residential contractor licensed under Section	n 489.111, Florida Statutes.				
☐ Professional engineer licensed under Section 471.015, Florida Se	atutes.				
Professional architect licensed under Section 481.213, Florida Se	atutes.				
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		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 dir	ect employee who possesses t	the requisite skill, knowledge, and			
experience to conduct a mitigation verification inspection.					
	and I personally performed t	he inspection or (licensed			
(print name)  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.	(print name or	inspector)			
Qualified Inspector Signature: Emiles Vocas Date: 06/07/2022					
An individual or entity who knowingly or through gross ne	gligence provides a false or f	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 misconduction.	t of employees as if the author	orized mitigation inspector personally			
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification					
Signature: Date:					
Signature: Date:					
	f-1 f 114 '4' 4'				
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 only and cannot be used to certify any product or construction feature as offering protection from hurricanes.					
Inspectors Initials Property Address 1322-1330 Perico Pointe Cir, Bradenton, Fl					
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