Uniform Mitigation Verification Inspection Form

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

Inspection Date: FEBRUARY 1, 2025								
Owner Information								
Owner Name: MIDDLEBROOK PINES CONDOS CASE#: 20250201-WMIR-20			Contact Person: KEITH KIEBZAK					
ddress: 5322, 5324, 5326, 5328 BROOK CT - BLDG 20			Home Phone:					
City: ORLANDO	Zip: 32811			82-2622				
County: ORANGE	FL		Cell Phone:					
Insurance Company:			Policy #:					
Year of Home: 1985	# of Stories: 2		Email: KLMGMTGR	OUP@AOL.COM				
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.								
<ol> <li>Building Code: Was the structure built the HVHZ (Miami-Dade or Broward cou</li> <li>A. Built in compliance with the FBC a date after 3/1/2002: Building Perm</li> <li>B. For the HVHZ Only: Built in comprovide a permit application with a comprovide of the results of the provide and the results of the provide and the results of the provide and t</li></ol>	unties), South Florida B C: Year Built Lit Application Date (MM/ Inpliance with the SFBC Late after 9/1/1994: Buil	uilding Code (SFBC-9 For homes built in 1 DD/YYYY)// -94: Year Built Iding Permit Application	4)? 2002/2003 provide a per  . For homes built in 19	mit application with				
<ol> <li>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.</li> </ol>								
	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 /								
<u> </u>				$\Box$				
4. Built Up				H				
5. Membrane				H				
				H				
<ul> <li>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.</li> <li>■ 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.</li> <li>■ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".</li> <li>■ D. No roof coverings meet the requirements of Answer "A" or "B".</li> </ul>								
3. <b>Roof Deck Attachment</b> : What is the we	akest form of roof deck	attachment?						
A. Plywood/Oriented strand board (6 by staples or 6d nails spaced at 6" a shinglesOR- Any system of screw mean uplift less than that required for B. Plywood/OSB roof sheathing wi 24"inches o.c.) by 8d common nails other deck fastening system or truss, a maximum of 12 inches in the field	OSB) roof sheathing attalong the edge and 12" s, nails, adhesives, other Options B or C below th a minimum thickness spaced a maximum of rafter spacing that is shor has a mean uplift re	ached to the roof truss in the fieldOR- Battr deck fastening system.  s of 7/16"inch attached 12" inches in the field town to have an equivasistance of at least 103	ten decking supporting of the roof truss/rafter spacing to the roof truss/rafter (sOR- Any system of scrulent or greater resistance psf.	wood shakes or wood that has an equivalent spaced a maximum of rews, nails, adhesives, e than 8d nails spaced				
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-  Inspectors Initials DKS Property Address 5322, 5324, 5326, 5328 BROOK CT - BLDG 20 ORLANDO FL 32811								

<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.

	Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
$\checkmark$	D. Reinforced Concrete Roof Deck.
	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
	of to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within eat of the inside or outside corner of the roof in determination of WEAKEST type)
Ш	A. Toe 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 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.
	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.
Ш	C. Single Wraps
	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.
П	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 on both sides, and is secured to the top plate with a minimum of three nails on each side.
$\checkmark$	E. Structural Anchor bolts structurally connected or reinforced concrete roof.
Ц	F. Other:
Щ	G. Unknown or unidentified
Ш	H. No attic access
	<u>sof Geometry</u> : What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
Ш	A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
<b>√</b>	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. <u>Sec</u>	condary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
Ш	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
$\checkmark$	dwelling from water intrusion in the event of roof covering loss.  B. No SWR.
	C. Unknown or undetermined.
Inspec	tors Initials DKS Property Address 5322, 5324, 5326, 5328 BROOK CT - BLDG 20 ORLANDO FL 32811

<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. 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 Opening Protection Level Chart **Glazed Openings** 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 Glass **Fntrv** Garage Garage or Entry Skylights form of protection (lowest row) for any of the Glazed openings and indicate **Doors Block Doors Doors** Doors the weakest form of protection (lowest row) for Non-Glazed openings. N/A Not Applicable- there are no openings of this type on the structure Α Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) 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 D 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 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 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 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 DKS Property Address 5322, 5324, 5326, 5328 BROOK CT - BLDG 20 32811 **ORLANDO** FL

<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 sprotective coverings not meeting the requirements of A	nswer "A", "B", or C" or sys				
with no documentation of compliance (Level N in the tank N.1 All Non-Glazed openings classified as Level A, B, C, o	<i>'</i>	on Glazad	onanings avist		
N.1 All Non-Glazed openings classified as Level N.2 One or More Non-Glazed openings classified as Level table above				fied as Level Σ	K in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the table above				
X. None or Some Glazed Openings One or more Glaz	ed openings classified and L	evel X in	the table abov	ve.	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov				n.	
Qualified Inspector Name: DEBORAH SIEBERN	License Type: Home Inspector		License or Certificate #: HI-139		
Inspection Company: AVALON HOME INSPECTIONS, LLC		Phone: 407-435	435-5155		
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 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 architect licensed under Section 481.213, Florida S Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute Individuals other than licensed contractors licensed under	and completion of a proficiency a Statutes.  n 489.111, Florida Statutes. tatutes. tatutes. essing the necessary qualifications.	y exam.	erly complete a	uniform mitig	ation
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.  I, DEBORAH SIEBERN am a qualified inspector a (print name) contractors and professional engineers only) I had my empleand I agree to be responsible for his/her work.	ect employee who possesse and I personally performed oyee (	s the requality the insp ) perford inspect	uisite skill, kn ection or ( <i>lice</i> form the insp for)	owledge, an	
Qualified Inspector Signature:	Date: FEBF	RUARY 1	, 2025		
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. (Secretifies this form shall be directly liable for the misconduction performed the inspection.	e Fraud and may be subjection 627.711(4)-(7), Flori	ct to adm ida Statut	inistrative ac tes) The Qual	tion by the ified Inspec	tor who
Homeowner to complete: I certify that the named Qualifier residence identified on this form and that proof of identification.  Signature:	n was provided to me or my	Authoriz	ed Representa		ihe
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 on as offering protection from hurricanes.			product or c	construction	feature
Inspectors Initials DKS Property Address 5322, 5324, 5326	5, 5328 BROOK CT - BLDG 20	Ol	RLANDO	FL	32811
*This verification form is valid for up to five (5) years provinaccuracies found on the form.			made to the	structure o	r

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

copyright 2012 citizenswindmitigationform.com

Page 4 of 4



**ADDRESS VERIFICATION** 



**ROOF - CONCRETE WITH TPO COVERING** 



ADDRESS VERIFICATION



FRONT ELEVATION



**ADDRESS VERIFICATION** 



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION