## **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-21			Contact Person: KEITH KIEBZAK						
Address: 5314, 5316, 5318, 5320 BROOK CT - BLDG 21			Home Phone:						
City: ORLANDO	Zip: 32811			32-2622					
County: ORANGE	FL		Cell Phone:						
Insurance Company:			Policy #:						
Year of Home: 1985	# of Stories: 2		Email: KLMGMTGRO	DUP@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 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)?</li> <li>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)//</li> <li>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 9/1/1994: Building Permit Application Date (MM/DD/YYYY)///////</li></ol>									
<ul> <li>✓ C. Unknown or does not meet the requirements of Answer "A" or "B"</li> <li>2. 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> </ul>									
	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									
4. Built Up				Ħ					
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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 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.  C. One or more roof coverings do not meet the requirements of Answer "A" or "B".									
D. No roof coverings meet the requirements of Answer "A" or "B".									
3. Roof Deck Attachment: What is the we A. Plywood/Oriented strand board (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 C. Plywood/OSB roof sheathing wi 24"inches o.c.) by 8d common nails decking with a minimum of 2 nails decking with a minimum of 2 nails.	OSB) roof sheathing at along the edge and 12" rs, nails, adhesives, other Options B or C below th a minimum thickness a spaced a maximum of rafter spacing that is slow in the minimum thickness as paced a maximum of the minimum thickness as spaced a maximum of	tached to the roof trust in the fieldOR- Bater deck fastening system. s of 7/16"inch attached 12" inches in the field nown to have an equiversistance of at least 10% s of 7/16"inch attached 6" inches in the field.	ten decking supporting v m or truss/rafter spacing to the to the roof truss/rafter (stance)OR- Any system of screatent or greater resistance alent or greater resistance by psf. It to the roof truss/rafter (stance)OR- Dimensional lumb	wood shakes or wood that has an equivalent paced a maximum of ews, nails, adhesives, than 8d nails spaced paced a maximum of er/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 5314, 5316, 5318, 5320 BROOK CT - BLDG 21 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.

D. Reinforced Concrete Roof Deck.  E. Other:  F. Unknown or unidentified.  G. No attic access.  4. Roof to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside 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 the top plate of the wall, or  Metal connectors that do not meet the minimal conditions or requirements of B, C, or D  Minimal 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 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 Wraps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a
F. Unknown or unidentified.  G. No attic access.  4. Roof to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside 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 the top plate of the wall, or  Metal connectors that do not meet the minimal conditions or requirements of B, C, or D  Minimal 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 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 Wraps
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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 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, 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 Anchor bolts structurally connected or reinforced concrete roof.
F. Other:
G. Unknown or unidentified
H. No attic access
5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure 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  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. Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
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
dwelling from water intrusion in the event of roof covering loss.
B. No SWR. C. Unknown or undetermined.
Inspectors Initials DKS Property Address 5314, 5316, 5318, 5320 BROOK CT - BLDG 21 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 5314, 5316, 5318, 5320 BROOK CT - BLDG 21 32811 **ORLANDO** FL

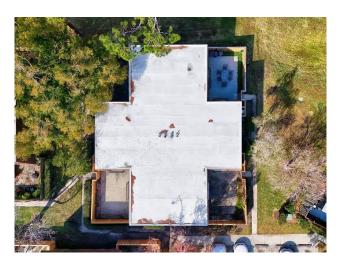
<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A	answer "A", "B", or C" or sys									
with no documentation of compliance (Level N in the to N.1 All Non-Glazed openings classified as Level A, B, C,	,	on-Glazed o	penings exist							
N.2 One or More Non-Glazed openings classified as Level table above				d as Level X	in the					
N.3 One or More Non-Glazed openings is classified as Lev	vel X in the table above									
X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.										
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro										
Qualified Inspector Name: DEBORAH SIEBERN	License Type: Home Inspector		License or Certificate HI-139	<u>#:</u>						
Inspection Company: AVALON HOME INSPECTIONS, LLC		Phone: 407-435-5155								
Qualified Inspector – I hold an active license as	a: (check one)									
Home inspector licensed under Section 468.8314, Florida Statutraining 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 Section 507.711(2), Florida Statut	tes who has completed the statut and completion of a proficiency a Statutes. on 489.111, Florida Statutes. Statutes. Statutes. essing the necessary qualificatio	y exam.								
(print name)  contractors and professional engineers only) I had my empand I agree to be responsible for his/her work.	tructures personally and no rect employee who possesse and I personally performed loyee (	t through s the requ  I the inspo ) perfor inspector	employees or one isite skill, known the inspector)	other pers wledge, an sed	ons.					
Qualified Inspector Signature: Detout Sieber Date: FEBRUARY 1, 2025										
An individual or entity who knowingly or through gross n 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), Florict of employees as if the aut	ct to admi ida Statut horized n	nistrative actions  The Qualification inspenses	on by the led Inspect ector perso	tor who onally					
Homeowner to complete: I certify that the named Qualific residence identified on this form and that proof of identification Signature:	on was provided to me or my	Authorize	d Representativ		he					
An individual or entity who knowingly provides or utters obtain or receive a discount on an insurance premium to v of the first degree. (Section 627.711(7), Florida Statutes)										
The definitions on this form are for inspection purposes of as offering protection from hurricanes.	nly and cannot be used to co	ertify any	product or cor	struction	feature					
Inspectors Initials DKS Property Address 5314, 5316, 531	8, 5320 BROOK CT - BLDG 21	OF	RLANDO	FL	32811					
*This verification form is valid for up to five (5) years pro inaccuracies found on the form.	vided no material changes h	nave been	made to the st	ructure or						

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



**ADDRESS VERIFICATION** 



**ROOF - CONCRETE WITH TPO COVERING** 



ADDRESS VERIFICATION



FRONT ELEVATION



**ADDRESS VERIFICATION** 



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION