## 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 C	ONDOS CASE#: 20250201-WMIR-26	Contact Person: KEITH KIEBZAK				
Address: 5367, 5369, 5371, 5373 ELM	Home Phone:					
City: ORLANDO	Zip: 32811	Work Phone: 407-482-2622				
County: ORANGE	FL	Cell Phone:				
Insurance Company:	Policy #:					
Year of Home: 1985	# of Stories: 2	Email: KLMGMTGROUP@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.

- 1. <u>Building Code</u>: 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)?
  - 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) \_\_\_/ \_\_\_/
  - 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) \_\_\_/ / \_\_\_\_
  - C. Unknown or does not meet the requirements of Answer "A" or "B"
- <u>Roof Covering:</u> 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.

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	/			
4. Built Up	/			
5. Membrane	//			
6. Other Concrete/TPO	4/19/2011			

- ✓ 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. **<u>Roof Deck Attachment</u>**: What is the <u>weakest</u> 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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 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 12" inches in the field.-OR- 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 nails spaced 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 field. -OR- 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 <u>DKS</u> Property Address 5367, 5369, 5371, 5373 ELM CT - BLDG 26 ORLANDO FL 32811

\*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. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4 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.

Γ	7	182 pst. D Reinford	and Cr	oncrete Roof Deck.						
Ē		E. Other:		blichete Kool Deck.						
Ī		F. Unknow	n or u	nidentified.						
Ī		G. No attic	acces	s.						
				ment: What is the <u>W</u> outside corner of the				lude attachment of l	nip/valley jack	ks within
		A. Toe Nail					•1 /			
				uss/rafter anchored to top plate of the wall,		ll using nails dri	ven at an ang	le through the truss	s/rafter and at	tached to
			Me	etal connectors that do	o not meet the mi	nimal conditions	or requireme	nts of B, C, or D		
-	Min	imal condit	ions t	o qualify for catego	ries B, C, or D. A	All visible metal	connectors a	ire:		
			Sec	cured to truss/rafter w	vith a minimum o	f three (3) nails,	and			
-			the	ached to the wall top blocking or truss/raf rosion.						p from
L		B. Clips	-							
			_	tal connectors that do	-	-				
Г	_		pos	etal connectors with a sition requirements of					does not mee	et the nail
L		C. Single W	-	etal connectors consis	sting of a single	strap that wrap	s over the ton	of the truss/rafter	and is secure	ed with a
_				nimum of 2 nails on t						
		D. Double	Wraps	S						
		L	bea	tal Connectors consistent, on either side of the number of 2 nails of the number of	he truss/rafter wl	ere each strap w	raps over the	top of the truss/rafte		
				tal connectors consis h sides, and is secure					ecured to the	wall on
ļ		E. Structura F. Other: _	al	Anchor bolts struct	arally connected	or reinforced con	ncrete roof.			
[		G. Unknow	n or u	inidentified						
		H. No attic	acces	S						
				t is the roof shape? (I unenclosed space in						
		A. Hip Roo	of	Hip roof with no oth						
Ţ.	7	B. Flat Roo	of	Total length of non- Roof on a building						f
[		C. Other Ro		less than 2:12. Root Any roof that does	f area with slope	less than 2:12	sq ft;			
6. [ [		A. SWR (al sheathing dwelling B. No SWR	lso cal g or fo g from R.	esistance (SWR): (sta lled Sealed Roof Dec pam adhesive SWR b water intrusion in th undetermined.	k) Self-adhering arrier (not foame	polymer modified-on insulation)	d-bitumen roo	ofing underlayment	applied direct	
					5367 5360 5374				<b>C</b> 1	32811
Ins	pect	ors Initials	072	Property Address_	5367, 5369, 53/1	, 5373 ELM CT - B	LDG 26	ORLANDO	FL	32011

\*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. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 2 of 4 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.				ws 'Y 5	Garage Doors	Sky	lights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure				$\checkmark$		$\checkmark$	$\checkmark$		$\checkmark$
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									
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		$\checkmark$						$\checkmark$	

<u>A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)</u> 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 <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 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 openir	gs classified as A. H	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	5367, 5369, 5371, 5373 ELM CT - BLDG 26	ORLANDO	FL 32811
--	---	---------	----------

\*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.

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

N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with 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						
<ul> <li>N.1 An Non-Glazed openings classified as Level A, B, C, O N in the table above, of no Non-Glazed openings exist</li> <li>N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above</li> </ul>						
N.3 One or More Non-Glazed openings is classified as	Level X in the table above					
X. None or Some Glazed Openings One or more G	ilazed openings classified and	Level X in the table above.				
MITIGATION INSPECTIONS MUS Section 627.711(2), Florida Statutes, p	-					
Qualified Inspector Name: DEBORAH SIEBERN	License Type: Home Inspector	License or Certificate #: HI-139				
Inspection Company: AVALON HOME INSPECTIONS, LLC		Phone: 407-435-5155				
<u>Qualified Inspector – I hold an active license a</u>	<u>is a</u> : (check one)					
Home inspector licensed under Section 468.8314, Florida St training approved by the Construction Industry Licensing Bo						
Building code inspector certified under Section 468.607, Flo						
General, building or residential contractor licensed under Se	,					
Professional engineer licensed under Section 471.015, Florid						
Professional architect licensed under Section 481.213, Florid						
Any other individual or entity recognized by the insurer as p verification form pursuant to Section 627.711(2), Florida Sta		tions to properly complete a uniform mitigation				
Individuals other than licensed contractors licensed under section 471.015, Florida Statues, must inspect the Licensees under s.471.015 or s.489.111 may authorize a experience to conduct a mitigation verification inspection inspection.         I, DEBORAH SIEBERN (print name)       am a qualified inspect (print name)         contractors and professional engineers only) I had my end and I agree to be responsible for his/her work.         Qualified Inspector Signature:       DEDOLLSE         An individual or entity who knowingly or through gross subject to investigation by the Florida Division of Insur appropriate licensing agency or to criminal prosecution certifies this form shall be directly liable for the miscon performed the inspection.         Homeowner to complete: I certify that the named Qual	e structures personally and direct employee who posses on. or and I personally perform nployee (	not through employees or other persons. sses the requisite skill, knowledge, and hed the inspection or ( <i>licensed</i> ) perform the inspection he of inspector) BRUARY 1, 2025 e or fraudulent mitigation verification form is piect to administrative action by the orida Statutes) The Qualified Inspector who authorized mitigation inspector personally				
residence identified on this form and that proof of identific		ny Authorized Representative.				
An individual or entity who knowingly provides or utte obtain or receive a discount on an insurance premium t of the first degree. (Section 627.711(7), Florida Statutes	o which the individual or e					
The definitions on this form are for inspection purposes as offering protection from hurricanes.	s only and cannot be used to	certify any product or construction feature				
Inspectors Initials DKS Property Address 5367, 5369, 5371, 5373 ELM CT - BLDG 26 ORLANDO FL 32811						
Inspectors initials i roperty runress	5371, 5373 ELM CT - BLDG 26	ORLANDO FL 32811				

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