Uniform Mitigation Verification Inspection Form

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

Inspection Date: FEBRUARY 1, 2025		<u> </u>		
Owner Information				
Owner Name: MIDDLEBROOK PINES CONDOS CASE#: 20250201-WMIR-75			Contact Person: KEIT	H KIEBZAK
Address: 5266, 5268, 5270, 5272 CORAL CT - BLDG 75			Home Phone:	
City: ORLANDO	Zip: 32811			82-2622
County: ORANGE	FL		Cell Phone:	
Insurance Company:		Policy #:		
Year of Home: 1987	# of Stories: 2		Email: KLMGMTGR	OUP@AOL.COM
NOTE: Any documentation used in valid accompany this form. At least one photo though 7. The insurer may ask additional	graph must accompan	y this form to valida	te each attribute marke	d in questions 3
<ol> <li>Building Code: Was the structure built the HVHZ (Miami-Dade or Broward co</li> <li>A. Built in compliance with the FBG a date after 3/1/2002: Building Pern</li> <li>B. For the HVHZ Only: Built in comprovide a permit application with a</li> <li>✓ C. Unknown or does not meet the results.</li> </ol>	unties), South Florida E C: Year Built nit Application Date (MM mpliance with the SFBC date after 9/1/1994: Bu	Building Code (SFBC- For homes built in MDD/YYYY)// C-94: Year Built Ilding Permit Applicat	24)? 2002/2003 provide a per For homes built in 19	mit application with
Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified.	g types in use. Provide t	he permit application of		
Permit 2.1 Roof Covering Type:	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	Provided for Compliance
Asphalt/Fiberglass Shingle  /				
2. Concrete/Clay Tile				
<b>□</b>				$\Box$
4. Built Up				H
				H
5. Membrane Concrete/TPO 2/2	/			H
6. Other 217				
<ul> <li>✓ A. All roof coverings listed above manipulation OR have a roofing perm</li> <li>B. All roof coverings have a Miami roofing permit application after 9/1/</li> <li>C. One or more roof coverings do manipulation.</li> <li>D. No roof coverings meet the requirements.</li> </ul>	it application date on or Dade Product Approve 1994 and before 3/1/20 ot meet the requirement	r after 3/1/02 OR the ral listing current at time 02 OR the roof is orights of Answer "A" or "I	oof is original and built in e of installation OR (for t inal and built in 1997 or l	n 2004 or later. he HVHZ only) a
3. <b>Roof Deck Attachment</b> : What is the we	eakest form of roof dec	k attachment?		
A. Plywood/Oriented strand board (by staples or 6d nails spaced at 6" shinglesOR- Any system of screw mean uplift less than that required f  B. Plywood/OSB roof sheathing w 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 at along the edge and 12' vs, nails, adhesives, other or Options B or C below ith a minimum thickness a spaced a maximum of strafter spacing that is significant.	tached to the roof trus in the fieldOR- Ba er deck fastening systew.  s of 7/16"inch attached 12" inches in the field hown to have an equiv	tten decking supporting of m or truss/rafter spacing d to the roof truss/rafter (stOR- Any system of scralent or greater resistance	wood shakes or wood that has an equivalent spaced a maximum of ews, nails, adhesives,
C. Plywood/OSB roof sheathing w. 24"inches o.c.) by 8d common nail	s spaced a maximum of	f 6" inches in the field	OR- Dimensional lumb	per/Tongue & Groove
decking with a minimum of 2 nails  Inspectors Initials DKS Property Address				nches in width)OR- 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)
	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, <b>and</b>
	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, <b>or</b>
	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 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, <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.
$\overline{\checkmark}$	E. Structural Anchor bolts structurally connected or reinforced concrete roof.
Ш	F. Other:
Щ	G. Unknown or unidentified
Ш	H. No attic access
	of Geometry: 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).
	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
$\overline{\checkmark}$	dwelling from water intrusion in the event of roof covering loss.  B. No SWR.
	C. Unknown or undetermined.
Inspec	tors Initials DKS Property Address 5266, 5268, 5270, 5272 CORAL CT - BLDG 75 ORLANDO FL 32811

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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. 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 5266, 5268, 5270, 5272 CORAL CT - BLDG 75 32811 **ORLANDO** FL

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N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of A	nswer "A", "B", or C" or		
with no documentation of compliance (Level N in the ta	· · · · · · · · · · · · · · · · · · ·		
N.1 All Non-Glazed openings classified as Level A, B, C, on N.2 One or More Non-Glazed openings classified as Level		· -	
table above	137: 4 . 11 1		
N.3 One or More Non-Glazed openings is classified as Lev			
✓ X. None or Some Glazed Openings One or more Glaze	ed openings classified ar	nd Level X in the table above.	
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov			
Qualified Inspector Name: DEBORAH SIEBERN	License Type: Home Inspector	License or Certificate #: HI-139	
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 Statut- training approved by the Construction Industry Licensing Board	es who has completed the s		
Building code inspector certified under Section 468.607, Florida	Statutes.		
General, building or residential contractor licensed under Section	n 489.111, Florida Statutes.		
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 posses verification form pursuant to Section 627.711(2), Florida Statute		cations to properly complete a uniform mitigation	
Individuals other than licensed contractors licensed under under Section 471.015, Florida Statues, must inspect the structure Licensees under s.471.015 or s.489.111 may authorize a dir	ructures personally and	d not through employees or other persons.	
experience to conduct a mitigation verification inspection.			
I, DEBORAH SIEBERN am a qualified inspector a	and I personally perfor	med the inspection or (licensed	
(print name)			
contractors and professional engineers only) I had my emplo		) perform the inspection me of inspector)	
and I agree to be responsible for his/her work.	•	• /	
Qualified Inspector Signature:	Date: FE	EBRUARY 1, 2025	
	•		•
An individual or entity who knowingly or through gross ne subject to investigation by the Florida Division of Insurance			<u>1S</u>
appropriate licensing agency or to criminal prosecution. (S			D
certifies this form shall be directly liable for the misconduc	et of employees as if the	authorized mitigation inspector personally	
performed the inspection.			
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	n was provided to me or	my Authorized Representative.	
Signature: ktth Rhyd 1	Date: FEBRUARY 1,	2025	
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.			e
Inspectors Initials DKS Property Address 5266, 5268, 5270			e

inaccuracies found on the form. 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