Uniform Mitigation Verification Inspection Form

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

Inspection Date: FEBRUARY 1, 2025	Inspection Date: FEBRUARY 1, 2025						
Owner Information							
Owner Name: MIDDLEBROOK PINES CONDOS CASE#: 20250201-WMIR-81			Contact Person: KEIT	H KIEBZAK			
Address: 5250, 5252, 5254, 5256 CYPRESS CT - BLDG 81			Home Phone:				
City: ORLANDO	Zip: 32811		Work Phone: 407-4	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.							
 Building Code: Was the structure built the HVHZ (Miami-Dade or Broward code) A. Built in compliance with the FB a date after 3/1/2002: Building Perr B. For the HVHZ Only: Built in comprovide a permit application with a ✓ C. Unknown or does not meet the results. 	ounties), South Florida B C: Year Built mit Application Date (MM mpliance with the SFBC date after 9/1/1994: Built equirements of Answer	cuilding Code (SFBC For homes built i DDD/YYYY) / / C-94: Year Built Iding Permit Applica "A" or "B"	. For homes built in 19 tion Date (MM/DD/YYYY)/	994, 1995, and 1996			
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.							
Permi 2.1 Roof Covering Type:	t Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
Asphalt/Fiberglass Shingle /							
2. Concrete/Clay Tile							
3. Metal				\Box			
4. Built Up				Ħ			
				H			
<u> </u>	1/2010			H			
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 weakest 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 fieldOR- Batten decking supporting wood shakes or wood shinglesOR- 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 fieldOR- 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 C. Plywood/OSB roof sheathing w 24"inches o.c.) by 8d common nail decking with a minimum of 2 nails Inspectors Initials DKS Property Address	d or has a mean uplift re ith a minimum thicknes is spaced a maximum of per board (or 1 nail per	esistance of at least 10 s of 7/16" inch attache 6" inches in the field board if each board	O3 psf. ed to the roof truss/rafter (sdOR- Dimensional lumb is equal to or less than 6 in	spaced a maximum of per/Tongue & Groove			

^{*}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. L. Other: T. Unknown or unidentified. G. No attic access.			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.
F. Unknown or unidentified. G. No attic access. Roof to Wall Attachment: What is the WEAKENT 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 ¼" 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 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. 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 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, an		\checkmark	•
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dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.	0.		A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the
B. No SWR. C. Unknown or undetermined.		_	
Inspectors Initials DKS Property Address 5250, 5252, 5254, 5256 CYPRESS CT - BLDG 81 ORLANDO FL 32811		√	B. No SWR.
inspectors initials a reporty radicas	In	spec	tors Initials DKS Property Address 5250, 5252, 5254, 5256 CYPRESS CT - BLDG 81 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.

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 5250, 5252, 5254, 5256 CYPRESS CT - BLDG 81 32811 **ORLANDO** FL

^{*}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 An	nswer "A", "B", or C" or			
with no documentation of compliance (Level N in the tank N.1 All Non-Glazed openings classified as Level A, B, C, of	,	no Non Glazad ananings avist		
N.2 One or More Non-Glazed openings classified as Level				
table above N.3 One or More Non-Glazed openings is classified as Lev	al V in the table above			
✓ X. None or Some Glazed Openings One or more Glaze		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 Statuto	• ` ′	tatutory number of hours of hurricane mitigation		
training approved by the Construction Industry Licensing Board	and completion of a profic			
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 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 str Licensees under s.471.015 or s.489.111 may authorize a dir				
experience to conduct a mitigation verification inspection.	ect employee who posse	esses the requisite skin, knowledge, and		
DEDODALI CIEDEDNI	and I personally perfor	med the inspection or (licensed		
(print name)	and I personally person	- · · · · · · · · · · · · · · · · · · ·		
contractors and professional engineers only) I had my emplo		perform the inspection		
and I agree to be responsible for his/her work.	(print nai	me of inspector)		
Qualified Inspector Signature:	Data: FE	EBRUARY 1, 2025		
Quanneu hispector Signature.	Date			
An individual or entity who knowingly or through gross ne				
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 misconduc				
performed the inspection.	or or employees as if the	muthor ized mitigation inspector personan		
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification				
Signature:Date:				
Signature: www. Tryjuk	Date:			
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.				
as offering protection from nutricanes.	lly and cannot be used t	to certify any product or construction feature		
Inspectors Initials DKS Property Address 5250, 5252, 5254				

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