Uniform Mitigation Verification Inspection Form

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

	Inspection Date: FEBRUARY 1, 2025						
Address: FORE FORT FORD FORT OVERDED OF DEDOCAT	Contact Person: KEITH KIEBZAK						
,,,	Home Phone:						
City: ORLANDO Zip: 32811	Work Phone: 407-482-2622						
County: ORANGE FL	Cell Phone:						
2 •	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.							
<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)?         <ul> <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></ul></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>							
Permit Application FBC or MDC Y 2.1 Roof Covering Type: Date Product Approval #	Year of Original Installation or Provided for Replacement Compliance						
1. Asphalt/Fiberglass Shingle//							
2. Concrete/Clay Tile							
3. Metal							
4. Built Up	H						
	H						
To Marketing							
5. Membrane/_/ Concrete/TPO 6/27/2011							
5. Membrane 6. Other Concrete/TPO 6. Other Concrete/TPO 6. Other Concrete/TPO							
	of is original and built in 2004 or later. of installation OR (for the HVHZ only) a al and built in 1997 or later.						
A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Productinstallation OR have a roofing permit application date on or after 3/1/02 OR the roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is origin.  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".	of is original and built in 2004 or later. of installation OR (for the HVHZ only) a al and built in 1997 or later.						
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	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.
Ш	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 eet 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, 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 compositors consisting of a single street that years a very the ten of the tweet/refter and is account with a
	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.
$\checkmark$	E. Structural Anchor bolts structurally connected or reinforced concrete roof.
Ц	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.
$\checkmark$	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>	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 5265, 5267, 5269, 5271 CYPRESS CT - BLDG 85 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 5265, 5267, 5269, 5271 CYPRESS CT - BLDG 85 32811 **ORLANDO** FL

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N. Exterior Opening Protection (unverified shutter s				
protective coverings not meeting the requirements of Ai with no documentation of compliance (Level N in the ta		stems that appear to meet Answer "A"	or "B"	
N.1 All Non-Glazed openings classified as Level A, B, C, o	r N in the table above, or no N	on-Glazed openings exist		
N.2 One or More Non-Glazed openings classified as Level table above			1 the	
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above			
X. None or Some Glazed Openings One or more Glazed	ed openings classified and L	evel X in the table above.		
MITIGATION INSPECTIONS MUST B	E CERTIFIED BY A QUAL	LIFIED INSPECTOR.		
Section 627.711(2), Florida Statutes, provi	ides a listing of individuals	who may sign this form.		
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 Statute training approved by the Construction Industry Licensing Board	es who has completed the statu		n	
Building code inspector certified under Section 468.607, Florida	Statutes.			
General, building or residential contractor licensed under Section	489.111, Florida Statutes.			
Professional engineer licensed under Section 471.015, Florida St	atutes.			
Professional architect licensed under Section 481.213, Florida St	atutes.			
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ons to properly complete a uniform mitigation	on	
Individuals other than licensed contractors licensed under	Section 489 111 Florida S	tatutes, or professional engineer lices	nsed	
under Section 471.015, Florida Statues, must inspect the str				
Licensees under s.471.015 or s.489.111 may authorize a dire				
experience to conduct a mitigation verification inspection.				
I, DEBORAH SIEBERN am a qualified inspector a	nd I personally performed	I the inspection or (licensed		
contractors and professional engineers only) I had my emplo	ovee (	) perform the inspection		
	(print name			
and I agree to be responsible for his/her work.	•	• /		
Qualified Inspector Signature: Date: FEBRUARY 1, 2025				
An individual on sudden mba lunaminalm on dhuanah anasa na	aliannas musmidas a falsa a	fdl	°	
An individual or entity who knowingly or through gross ne subject to investigation by the Florida Division of Insurance			<u>orm is</u>	
appropriate licensing agency or to criminal prosecution. (S			r who	
certifies this form shall be directly liable for the misconduc				
performed the inspection.				
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	I Inspector or his or her emp	ployee did perform an inspection of the	;	
State D. K. L.	FFBRUARY 1 20	25		
Signature: http://www.line.com/signature	Date:			
An individual or entity who knowingly provides or utters a	false or fraudulent mitiga	tion verification form with the inten	t to	
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.	ly and cannot be used to c	ertify any product or construction fe	ature	
Inspectors Initials DKS Property Address 5265, 5267, 5269	, 5271 CYPRESS CT - BLDG 8	S ORLANDO FL 3	2811	
*This verification form is valid for up to five (5) years prov	ided 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



**ADDRESS VERIFICATION** 



ROOF - CONCRETE WITH TPO COVERING



ADDRESS VERIFICATION



FRONT ELEVATION



**ADDRESS VERIFICATION** 



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION



ADDRESS VERIFICATION



FRONT ELEVATION