## **Uniform Mitigation Verification Inspection Form**

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

| Inspection Date: 17 February 2023 |   |   |                                  |   |  |  |  |
|-----------------------------------|---|---|----------------------------------|---|--|--|--|
| Owner Information                 |   |   |                                  |   |  |  |  |
| Owner                             | Name: High Point of Delray  | West Condominium A                      | ssociation Section 3             | Contact Person:                                 |  |  |  |
| Addres                            | SS: 14067 Nesting Way   |   |                                  | Home Phone:                                     |  |  |  |
| City:                             | Delray Beach  | Zip: <b>33484</b>                       |                                  | Work Phone:                                     |  |  |  |
| County                            | /: Palm Beach   |   |                                  | Cell Phone:                                     |  |  |  |
| Insurai                           | nce Company:  |   |                                  | Policy #:                                       |  |  |  |
| Year o                            | f Home: 1985  | # of Stories:                           | One                              | Email:  |  |  |  |
| NOTE                              | : Any documentation used in   | n validating the compli                 | iance or existence of eac        | h construction or mitigation                    | on attribute must                      |  |  |
| accom                             | pany this form. At least one  | photograph must acco                    | mpany this form to valid         | date each attribute marke                       | d in questions 3                       |  |  |
| though                            | n 7. The insurer may ask add  | itional questions rega                  | rding the mitigated feat         | ure(s) verified on this forn                    | 1.                                     |  |  |
|                                   | ilding Code: Was the structure HVHZ (Miami-Dade or Brown  |   |                                  |   | R for homes located in                 |  |  |
| X                                 | A. Built in compliance with the   | ne FBC: Year Built                      | For homes built                  | t in 2002/2003 provide a per                    | rmit application with                  |  |  |
|                                   | a date after 3/1/2002: Building B. For the HVHZ Only: Built   | • |                                  |   | 004 1005 and 1006                      |  |  |
|                                   | provide a permit application v  |   |                                  |   |  |  |  |
|                                   | C. Unknown or does not meet   | the requirements of Ar                  | nswer "A" or "B"                 |   |  |  |  |
| OR                                | of Covering: Select all roof co<br>Year of Original Installation/F  |   |                                  |   |  |  |  |
| cov                               | vering identified.  |   |                                  |   | No Information                         |  |  |
|                                   | 2.1 Roof Covering Type:   | Permit Application<br>Date              | FBC or MDC<br>Product Approval # | Year of Original Installation or<br>Replacement | Provided for<br>Compliance             |  |  |
|                                   | 1. Asphalt/Fiberglass Shingle   | 04/20/2018 Permit #                     | B-2018-013560-0000               |   |  |  |  |
|                                   | 2. Concrete/Clay Tile   | /                                       |                                  |   |  |  |  |
|                                   | ☐ 3. Metal  | /                                       |                                  |   |  |  |  |
|                                   | 4. Built Up   | /                                       |                                  |   |  |  |  |
|                                   | 5. Membrane   | /                                       |                                  |   |  |  |  |
|                                   | 6. Other  | /                                       |                                  |   |  |  |  |
| X                                 | A. All roof coverings listed at installation OR have a roofing  |   |                                  |   |  |  |  |
|                                   | B. All roof coverings have a M roofing permit application after   |   |                                  |   |  |  |  |
|                                   | C. One or more roof covering  | s do not meet the requir                | rements of Answer "A" or         | r "B".  |  |  |  |
|                                   | D. No roof coverings meet the   | e requirements of Answ                  | er "A" or "B".                   |   |  |  |  |
| 3. <b>Ro</b>                      | of Deck Attachment: What is   | the weakest form of roo                 | of 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 woo shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivaler mean uplift less than that required for Options B or C below.   |   |                                  |   |  |  |  |
|                                   |   |   |                                  |   |  |  |  |
| X                                 | 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 fieldOR- Dimensional lumber/Tongue & Groov 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 Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivaler |   |                                  |   | ber/Tongue & Groove nches in width)OR- |  |  |
| Inspec                            | Inspectors Initials Property Address 14067 Nesting Way Delray Beach, FL 33484   |   |                                  |   |  |  |  |
|                                   |   |   |                                  |   |  |  |  |

\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4

|    | 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. |                                 |  |  |  |
|----|---|---------------------------------|--|--|--|
|    | ☐ D. Reinforced Concrete Roof Deck.   |                                 |  |  |  |
|    | П   |                                 |  |  |  |
|    | П   |                                 | or unidentified.   |  |  |
|    |   | G. No attic a                   |  |  |  |
| 4  |   |                                 |  |  |  |
| 4. |   | eet of the insid                | tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e 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   |  |  |
|    | Miı   | nimal conditio                  | ons to qualify for categories B, C, or D. All visible metal connectors are:  |  |  |
|    |   | X                               | Secured to truss/rafter with a minimum of three (3) nails, <b>and</b>  |  |  |
|    |   | X                               | 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.   |  |  |
|    | X   | C. Single W                     | raps   |  |  |
|    |   |                                 | 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 V                     | Vraps  |  |  |
|    |   |                                 | 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.   |  |  |
|    |   | E. Structural                   | Anchor bolts structurally connected or reinforced concrete roof.   |  |  |
|    |   | F. Other:                       |  |  |  |
|    |   | G. Unknown                      | or unidentified  |  |  |
|    |   | H. No attic a                   | access   |  |  |
| 5. |   |                                 | What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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.  |  |  |
|    | П   | B. Flat Roof                    | Total length of non-hip features: feet; Total roof system perimeter: feet  |  |  |
|    |   |                                 | less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft   |  |  |
|    | X   | C. Other Roo                    | of Any roof that does not qualify as either (A) or (B) above.  |  |  |
| 6. | Sec   | A. SWR (also sheathing dwelling | er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) to called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss. |  |  |
|    | X   | B. No SWR.                      | or undetermined.   |  |  |
| In |   |                                 | Property Address 14067 Nesting Way Delray Beach, FL 33484  |  |  |
|    |   |                                 |  |  |  |
| *  | hia -   | vanitiaatian fa                 | arm is valid for up to five (5) years provided no motorial changes have been made to the ethyleture or   |  |  |

<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.

| Opening Protection Level Chart  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. |   | Glazed Openings              |                 |           |                | Non-Glazed<br>Openings |                 |
|--|---|------------------------------|-----------------|-----------|----------------|------------------------|-----------------|
|  |   | Windows<br>or Entry<br>Doors | Garage<br>Doors | Skylights | Glass<br>Block | Entry<br>Doors         | Garage<br>Doors |
| N/A  | Not Applicable- there are no openings of this type on the structure   |                              | Х               | Х         | Х              |                        | Х               |
| 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  | Х                            |                 |           |                | Х                      |                 |

| 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

A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

- 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

|  | 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 of openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris print the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one 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.)  |  |
|  | $\square$ 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 |  |

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

|  | 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-Closed enemines electified as A. D. on C in the table shows on no Non-Closed enemines exist |              |  |  |  |

☐ 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

 $\square$  C.3 One or More Non-Glazed openings is classified as Level 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



in the table above

Inspectors Initials Property Address 14067 Nesting Way Delray Beach, FL 33484

| N. Exterior Opening Protection (unverified shutter) protective coverings not meeting the requirements of A   | nswer "A", "B", or C" or sys    |            |                                     |  |  |
|--|---------------------------------|------------|-------------------------------------|--|--|
| with no documentation of compliance (Level N in the ta   | *                               | GI.        |                                     |  |  |
| <ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C, on</li> <li>N.2 One or More Non-Glazed openings classified as Level table above</li> </ul>   |                                 |            |                                     |  |  |
| <ul> <li>□ N.3 One or More Non-Glazed openings is classified as Lev</li> </ul>   | ral V in the table above        |            |                                     |  |  |
| X. None or Some Glazed Openings One or more Glazed   |                                 | evel X ir  | 1 the table above.                  |  |  |
| MITIGATION INSPECTIONS MUST I<br>Section 627.711(2), Florida Statutes, prov  |                                 |            |                                     |  |  |
| Qualified Inspector Name:  | License Type:                   |            | License or Certificate #:           |  |  |
| Seth A. Ford Inspection Company:   | Certified General Conti         | Phone:     | CGC 062495                          |  |  |
| inspection company.  |                                 | Thone.     | 561.718.7560                        |  |  |
| 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 statut |            | er of hours of hurricane mitigation |  |  |
| ☐ Building code inspector certified under Section 468.607, Florida   | a Statutes.                     |            |                                     |  |  |
| 🛚 General, building or residential contractor licensed under Section   | n 489.111, Florida Statutes.    |            |                                     |  |  |
| ☐ Professional engineer licensed under Section 471.015, Florida S  | tatutes.                        |            |                                     |  |  |
| ☐ Professional architect licensed under Section 481.213, Florida S   | tatutes.                        |            |                                     |  |  |
| Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute   |                                 | ns to prop | perly complete a uniform mitigation |  |  |
| Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.  I, Seth A. Ford am a qualified inspector and I personally performed the inspection or (licensed (print name)  contractors and professional engineers only) I had my employee ( N/A ) perform the inspection (print name of inspector)  and I agree to be responsible for his/her wirk Date: 17 February 2023  An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.  Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.  Signature: Date: |                                 |            |                                     |  |  |
| An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)  |                                 |            |                                     |  |  |
| The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.  |                                 |            |                                     |  |  |
| Inspectors Initials Property Address 14067 Nesting Way Delray Beach, FL 33484  |                                 |            |                                     |  |  |
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## 1. Address



2. Roof Covering – Asphalt Shingles



3. Roof Deck Attachment – 19/32" Plywood



3. Roof Deck Attachment – Trusses at 24" O. C. Max.



3. Roof Deck Attachment – 8d Nails



3. Roof Deck Attachment – Fasteners at 6" O. C. Max. In the Field



4. Roof to Wall Attachment – Single Wraps – Steel Straps w/ 2 Nails Min. at Face



4. Roof to Wall Attachment – Single Wraps – Steel Straps w/ 1 Nail Min. at Back



5. Roof Geometry – Front Elevation – Non-Hip



5. Roof Geometry – Left Elevation – Non-Hip



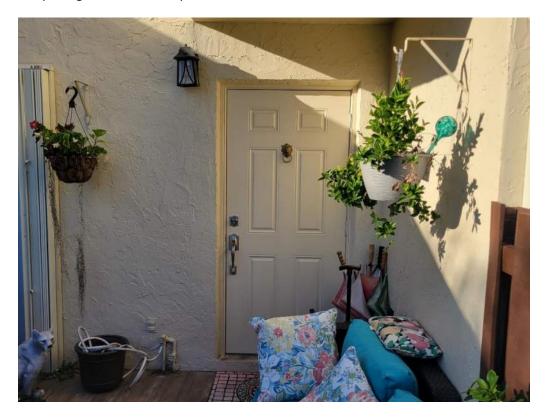
5. Roof Geometry – Rear Elevation – Non-Hip



5. Roof Geometry – Right Elevation – Non-Hip



7. Opening Protection – Unprotected Unrated Windows



7. Opening Protection – Unprotected Unrated Unglazed Entry Door