Uniform Mitigation Verification Inspection Form inspectfl@comcast.net

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

| Inspection Date: | Jan 27, 2020 | | | | |
|--|---|---|---|--|--|
| Owner Informati | on | | | | |
| Owner Name: LO | NGWOOD CONDO ASSO | OCIATION | | Contact Person: LONGW | OOD CONDO ASSOCIATION |
| Address: 11811 A | VE OF PGA BUILDING | Home Phone: | | | |
| City: PALM BEA | CH GARDENS | Zip: 33418 | | Work Phone: | |
| County: PALM BI | ACH | | | Cell Phone: | |
| Insurance Compar | ıy: | | | Policy #: | |
| Year of Home: 19 | 70 | # of Stories: 3 | | Email: | |
| accompany this for though 7. The ins | orm. At least one photo surer may ask additiona | graph must accompar I questions regarding | ny this form to valid the mitigated featu | a construction or mitigat ate each attribute mark re(s) verified on this for | ed in questions 3 cm. |
| the HVHZ (Mi | ami-Dade or Broward co | unties), South Florida | Building Code (SFBC | ode (FBC 2001 or later) OC-94)? in 2002/2003 provide a p | |
| | : 3/1/2002: Building Perr | | | | етин аррисацон with |
| provide a p | permit application with a | date after 9/1/1994: Bu | uilding Permit Applic | . For homes built in cation Date (MM/DD/YYYY) | |
| C. Unknow | vn or does not meet the re | equirements of Answer | "A" or "B" | | |
| 2. Roof Covering OR Year of Or covering identi | iginal Installation/Replac | types in use. Provide tement OR indicate that | the permit application to the information was | n date OR FBC/MDC Pro s available to verify comp | duct Approval number liance for each roof |
| 2.1 Roof Cover | Permit | Application Date | FBC or MDC Product Approval # | Year of Original Installation or Replacement | No Information Provided for Compliance |
| 1. Asphalt | Fiberglass Shingle/_ | / | | 2018 | $_{\square}$ PERMIT BELOW |
| 2. Concret | | | | | |
| ☐ 3. Metal | | | | | |
| 4. Built Up | | | | | |
| 5. Membra | | | | | |
| | AT POLLED | | | 2018 | □ PERMIT BELOW |
| installation | coverings listed above n OR have a roofing perm | neet the FBC with a FE tit application date on | or after 3/1/02 OR th | roduct Approval listing cue roof is original and buil | It in 2004 or later. |
| roofing per | mit application after 9/1 | 1994 and before $3/1/2$ | 002 OR the roof is or | me of installation OR (for iginal and built in 1997 of | |
| | more roof coverings do n | - | | "B". | |
| ☐ D. No roof | coverings meet the requi | rements of Answer "A | " or "B". | | |
| 3. Roof Deck Att | achment: What is the w | eakest form of roof dec | ck attachment? | | |
| by staples shingles. | or 6d nails spaced at 6" | along the edge and 12 s, nails, adhesives, other | " in the fieldOR- E er deck fastening syst | ass/rafter (spaced a maxing atten decking supporting tem or truss/rafter spacing attention of the space of th | g wood shakes or wood |
| 24"inches other deck | 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 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. | | | | |
| 24"inches decking w | o.c.) by 8d common nails th a minimum of 2 nails | s spaced a maximum o per board (or 1 nail pe | f 6" inches in the fiel or board if each board | ed to the roof truss/rafter dOR- Dimensional lun is equal to or less than 6 fter spacing that is shown | nber/Tongue & Groove inches in width)OR- |
| Inspectors Initial | S _MC Property Addre | ss_11811 AVE OF PG/ | A BUILDING #5 | | |

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| | | or greater re 182 psf. | sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least |
|----|--------------|---------------------------|--|
| | П | - | ed Concrete Roof Deck. |
| | | | ed Collette Roof Beek. |
| | П | | n or unidentified. |
| | П | G. No attic | |
| 1 | _ | | |
| 4. | | eet of the insi | tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within de or outside corner of the roof in determination of WEAKEST type) |
| | | A. Toe Nail | |
| | | | 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 |
| | Mi | nimal conditi | ions to qualify for categories B, C, or D. All visible metal connectors are: |
| | | \checkmark | 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 and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion. |
| | \checkmark | B. Clips | |
| | | \checkmark | 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. |
| | | C. Single W | |
| | | | 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. |
| | | E. Structura | Anchor bolts structurally connected or reinforced concrete roof. |
| | | F. Other: _ | |
| | | G. Unknow | n or unidentified |
| | | H. No attic | 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 e over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification). |
| | | A. Hip Roo | f Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features: feet; Total roof system perimeter: feet |
| | | B. Flat Roo | |
| | \checkmark | C. Other Ro | oof Any roof that does not qualify as either (A) or (B) above. |
| 6 | Sac | ondom: Wat | or Posistance (SWP): (standard underlayments or hot monned falts do not qualify as an SWP) |
| 0. | | A. SWR (al sheathin | er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the g or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the |
| | √ | B. No SWR | |
| | | C. Unknow | n or undetermined. |
| In | spec | tors Initials | MC Property Address 11811 AVE OF PGA BUILDING #5 |

^{*}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.

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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.

| Opening Protection Level Chart | | | Glazed Openings | | | | Non-Glazed Openings | |
|--------------------------------|---|------------------------------|-----------------|-----------|----------------|----------------|------------------------|--|
| openi form | an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings. | Windows or Entry Doors | Garage Doors | Skylights | Glass Block | Entry Doors | Garage Doors | |
| N/A | Not Applicable- there are no openings of this type on the structure | | X | X | \times | | X | |
| 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 | | | | | | | |
| N | Other protective coverings that cannot be identified as A, B, or C | | | | | | | |
| Х | No Windborne Debris Protection | X | | | | X | | |

- 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
- □ 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
 □ A.5 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
 □ A.5 One or More Non-Glazed Openings Protection. Cyclic Pressure and A to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed
- 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
- 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 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 MC Property Address 11811 AVE OF PGA BUILDING #5

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| N. Exterior Opening Protection (unverified shutter s | | |
|---|-------------------------------------|--|
| protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the t | | stems that appear to meet Answer "A" or "B" |
| ☐ N.1 All Non-Glazed openings classified as Level A, B, C, | · | Non-Glazed openings exist |
| ☐ N.2 One or More Non-Glazed openings classified as Level table above | D in the table above, and no N | Non-Glazed openings classified as Level X in the |
| ☐ N.3 One or More Non-Glazed openings is classified as Lev | vel X in the table above | |
| X. None or Some Glazed Openings One or more Glazed | ed openings classified and l | Level X in the table above. |
| MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov. | | |
| Qualified Inspector Name: | License Type: | License or Certificate #: |
| Inspection Company: | Home Inspect | Phone: |
| Insurance Inspection Services | | 561-479-1810 |
| Qualified Inspector – I hold an active license as a | | |
| ✓ Home inspector licensed under Section 468.8314, Florida Statu training approved by the Construction Industry Licensing Board | and completion of a proficience | |
| Building code inspector certified under Section 468.607, Florid | | |
| 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 poss- verification form pursuant to Section 627.711(2), Florida Statut | essing the necessary qualificaties. | ons to properly complete a uniform mitigation |
| Individuals other than licensed contractors licensed under | | |
| under Section 471.015, Florida Statues, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a dir | | |
| experience to conduct a mitigation verification inspection. | rect employee who possesso | es the requisite skin, knowledge, and |
| I, Michael Casella am a qualified inspector | and I personally performe | d the inspection or (licensed |
| (print name) contractors and professional engineers only) I had my empl | | (XXX) perform the inspection of inspector) |
| and I agree to be responsible for his/her work | (print name | of inspector) |
| Qualified Inspector Signature: | Date: Jan 2 | 7, 2020 |
| An individual or entity who knowingly or through gross ne | gligence provides a false o | r fraudulent mitigation verification form is |
| subject to investigation by the Florida Division of Insurance | e Fraud and may be subje | ct to administrative action by the |
| appropriate licensing agency or to criminal prosecution. (S | | |
| certifies this form shall be directly liable for the misconduction. | ct of employees as if the au | thorized mitigation inspector personally |
| per for med the hispection. | | |
| Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification | | |
| Signature: | Date: Jan 27, 2020 | |
| | | |
| An individual or entity who knowingly provides or utters a | false or fraudulent mitiga | ation verification form with the intent to |
| obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes) | | |
| or the mass degree (seedon variititi), 1 torium 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 feature |
| Inspectors Initials <u>MC</u> Property Address 11811 AVE OF | PGA BUILDING #5 | |
| *This verification form is valid for up to five (5) years provinaccuracies found on the form. | vided no material changes | have been made to the structure or |

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



FRONT ELEVATION



RIGHT SIDE ELEVATION



REAR ELEVATION



LEFT SIDE ELEVATION



#3 ROOF DECK ATTACHMENT 6" X 6" NAIL SPACING



#3 ROOF DECK ATTACHMENT 8d NAILS



#4 ROOF TO WALL ATTACHMENTFACE SIDE



#4 ROOF TO WALL ATTACHMENTOPPOSITE SIDE



TRUSS/RAFTER SPACING

ROOF COVERING

ROOF GEOMETRY

| | | Structural Element for Build |
|----|-----------------------|------------------------------|
| | 1. Name | LONGWOOL |
| | 2. Area | 1204 |
| 11 | 3. Year Built | 1970 |
| | 4. No of Bedroom(s) | 2 |
| | 5. No of Bath(s) | 2 |
| | 6. No of Half Bath(s) | |

YEAR BUILT



#9 OPENING PROTECTION

DOORS NOT TO CODE



#9 OPENING PROTECTION

WINDOWS ARE NOT PROTECTED



#9 OPENING PROTECTION

WINDOWS ARE NOT PROTECTED



#9 OPENING PROTECTION

WINDOWS ARE NOT PROTECTED



ROOF PERMIT VERIFICATION