

### Wind Mitigation Report



**Inspection Date:** 

**Prepared For:** 

**Prepared By: Greater Naples Group** 

Inspector: Gueorgui Ouzounov

HI 15995



### Uniform Mitigation Verification Inspection Form Maintain a copy of this form and any documentation provided with the insurance policy

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	etion Date:						
	er Information			Control Do			
Owner Name:				Contact Person:			
Addre	ess:	T a:	Home Phone:				
City:		Zip:		Work Phone:			
Count				Cell Phone:			
	ince Company:	<u></u>		Policy #:			
Year	of Home:	# of Stories:		Email:			
accon	E: Any documentation used npany this form. At least on h 7. The insurer may ask ac	e photograph must ac	company this form to vali	date each attribute marke	ed in questions 3		
	nilding Code: Was the structure HVHZ (Miami-Dade or Bro	ward counties), South I	Florida Building Code (SFB	3C-94)?			
	A. Built in compliance with a date after 3/1/2002: Build				rmit application with		
	B. For the HVHZ Only: Built provide a permit application						
	C. Unknown or does not me	et the requirements of	Answer "A" or "B"				
Ol	oof Covering: Select all roof of Year of Original Installation vering identified.						
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
	☐ 1. Asphalt/Fiberglass Shingle						
	2. Concrete/Clay Tile						
	3. Metal						
	4. Built Up	/					
	<u>_</u>	/					
	5. Membrane	//					
	6. Other	//					
	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 roofing permit application a						
	C. One or more roof covering	ngs do not meet the req	uirements of Answer "A" or	r "B".			
	D. No roof coverings meet t	he requirements of Ans	swer "A" or "B".				
3. <b>R</b> o	oof Deck Attachment: What i	is the <b>weakes</b> t 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 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.						
	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 & Groove 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 equivalent						
Inspe	ctors Initials Property	Address					

\*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 lea 182 psf.
		D. Reinforced Concrete Roof Deck.
		E. Other:
		F. Unknown or unidentified.
		G. No attic access.
4.		f to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within the tof the inside or outside corner of the roof in determination of WEAKEST type)
	Ш	A. Toe Nails
		Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached the top plate of the wall, or
		☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mi	imal conditions to qualify for categories B, C, or D. All visible metal connectors are:
		$\square$ 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 na 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 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.
		E. Structural Anchor bolts structurally connected or reinforced concrete roof.
		F. Other:
		G. Unknown or unidentified
		H. No attic access
5.		<b><u>f Geometry:</u></b> What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall const 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.
		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.	Sec	<ul> <li>Ondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)</li> <li>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 dwelling from water intrusion in the event of roof covering loss.</li> <li>B. No SWR.</li> <li>C. Unknown or undetermined.</li> </ul>
T.		
ın	spec	ors Initials Property Address
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7. <u>Opening Protection</u>: What is the <u>weakest</u> 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 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						
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						

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
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 <u>and</u> 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
$\square$ 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
<u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> 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
$\square$ 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 \_\_\_\_\_ Property Address\_

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N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the t	Answer "A", "B", or C" or s	tation) All Glazed openings are protected with systems that appear to meet Answer "A" or "B"					
• ` `							
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	vel X in the table above						
☐ X. None or Some Glazed Openings One or more Glazed	zed openings classified and	Level X in the table above.					
	MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.						
Qualified Inspector Name:	License Type:	License or Certificate #:					
Inspection Company:		Phone:					
Qualified Inspector – I hold an active license as a	a: (check one)						
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	d and completion of a proficier						
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 poss verification form pursuant to Section 627.711(2), Florida Statut		tions to properly 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 Statutes, 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, am a qualified inspector and I personally performed the inspection or (licensed (print name) contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector)							
and I agree to be responsible for his/her work.  Qualified Inspector Signature:	D-4						
Qualified Inspector Signature:	Date:						
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.							
<u>Homeowner to complete</u> : I certify that the named Qualified residence identified on this form and that proof of identification							
Signature:	Date:						
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to v 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	Inspectors Initials Property Address						
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## Wind Mitigation

#### **PICTURES**







Building Number Roof Covering Front Elevation







Front Elevation Side Elevation Left Side Elevation Right



## Wind Mitigation

#### **PICTURES**







**Rear Elevation** 

**Roof Deck Connection Nail Spacing** 

**SWR** 







Roof to Wall Connection Single Wrap Front



Roof to Wall Connection Single Wrap Back



# Wind Mitigation

### **PICTURES**







**Roof Deck Thickness** 

**Roof Deck Connection 8D Nail** 

**Entry Door**