# Uniform Mitigation Verification Inspection Form only of this form and any documentation provided with the insu

Inspection Date:	n unis form and any	documentation prov	vided with the insurance	<u>e poncy</u>
Owner Information				
Owner Information Owner Name:			Contact Person:	
Address:			Home Phone:	
City:	Zip:		Work Phone:	
County:	Zip.		Cell Phone:	
Insurance Company:			Policy #:	
Year of Home:	# of Stories:		Email:	
NOTE: Any documentation used in vaccompany this form. At least one phthough 7. The insurer may ask additional transfer of the control of the	notograph must accomp ional questions regardi	pany this form to validing the mitigated featu	late each attribute marke are(s) verified on this form	d in questions 3 n.
1. <b>Building Code</b> : Was the structure by the HVHZ (Miami-Dade or Broward	d counties), South Florid	la Building Code (SFBC	C-94)?	
☐ A. Built in compliance with the a date after 3/1/2002: Building l	Permit Application Date	(MM/DD/YYYY)//		
<ul> <li>B. For the HVHZ Only: Built in provide a permit application with</li> </ul>	th a date after 9/1/1994:	<b>Building Permit Applic</b>		
☐ C. Unknown or does not meet the	ne requirements of Answ	ver "A" or "B"		
2. <b>Roof Covering:</b> Select all roof cover OR Year of Original Installation/Recovering identified.				ance for each roof
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				
_				
4. Built Up	/			
<u> </u>				
6. Other				
☐ A. All roof coverings listed abo installation OR have a roofing p				
<ul> <li>B. All roof coverings have a Mi roofing permit application after</li> </ul>				
$\Box$ C. One or more roof coverings $\Box$	•		"B".	
☐ D. No roof coverings meet the r	equirements of Answer	"A" or "B".		
3. <b>Roof Deck Attachment</b> : What is th	e <u>weakest</u> form of roof	deck attachment?		
<ul> <li>A. Plywood/Oriented strand box by staples or 6d nails spaced at shinglesOR- Any system of somean uplift less than that requir</li> </ul>	6" along the edge and crews, nails, adhesives,	12" in the fieldOR- lother deck fastening sys	Batten decking supporting	wood shakes or wood
B. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common other deck fastening system or ta maximum of 12 inches in the	nails spaced a maximum truss/rafter spacing that it	n of 12" inches in the figs shown to have an equ	eldOR- Any system of sc iivalent or greater resistanc	rews, nails, adhesives,
C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 n Any system of screws, nails, ad	nails spaced a maximun ails per board (or 1 nail	n of 6" inches in the fie per board if each board	ldOR- Dimensional lum I is equal to or less than 6 is	ber/Tongue & Groove nches in width)OR-
Inspectors Initials Property Ad	ldress			<del></del>

\*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 res	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.
	П		
	П		or unidentified.
		G. No attic a	
1			
4.		et of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le 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 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 conditi	ons 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.
		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 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.
		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
		C. Other Ro	of Any roof that does not qualify as either (A) or (B) above.
6.	Sec	A. SWR (also sheathing	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 gor 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.
		B. No SWR	
		C. Unknown	n or undetermined.
In	spec	tors Initials _	Property Address
*Т	hia .	va <b>vif</b> ication f	own is valid for up to five (5) years provided no metarial changes have been made to the structure or

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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.

	ening Protection Level Chart		Glazed O	penings			Glazed enings
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						
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

☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

• 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 <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.)
☐ 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

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

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the table above

Inspectors Initials \_\_\_\_\_ Property Address\_

N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of A with no documentation of compliance (Level N in the tax	nswer "A", "B", or C" or systems th	
□ N.1 All Non-Glazed openings classified as Level A, B, C, o	,	d openings exist
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	el X in the table above	
✓ X. None or Some Glazed Openings One or more Glaz		n the table above.
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov	ides a listing of individuals who ma	y sign this form.
Qualified Inspector Name: TROY SUMNER	License Type: CERT. GENERAL CONTRACTOR	License or Certificate #: CGC 004629
Inspection Company: BUILT RIGHT CONSULTANTS, INC.	Phone: 727-34	5-8400
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 statutory num	ber of hours of hurricane mitigation
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		
<ul> <li>□ Professional architect licensed under Section 481.213, Florida S</li> <li>□ Any other individual or entity recognized by the insurer as posses</li> </ul>		manda a a manda da m
verification form pursuant to Section 627.711(2), Florida Statute		perly 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.	ect employee who possesses the re	quisite skin, knowledge, and
TDOY OUNDED	and I personally performed the ins	nection or (licansod
(print name)		•
contractors and professional engineers only) I had my emple		
and I agree to be responsible for his/htef work.	(print name of inspe	ctor)
Qualified Inspector Signature:	Date: 02-27-2	2023
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 misconduction.		
Homeowner to complete: I certify that the named Qualifie residence identified on this form and that proof of identification	n was provided to me or my Author	
Signature: Tay New Scott	Date: <u>2/14/83</u>	<del></del>
An individual or entity who knowingly provides or utters a		
obtain or receive a discount on an insurance premium to w	hich 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 on as offering protection from hurricanes.	ly and cannot be used to certify an	y product or construction feature
Inspectors Initials HH Property Address 9485 HAMLIN	BOULEVARD (UNITS 1-4), SEM	NOLE, FL 33776
*This verification form is valid for up to five (5) years proving source found on the form	ided no material changes have be	en made to the structure or
inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155		Page 4 of 4

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Roof deck

Record PER-H-CW20-15013: Express Building Permit Record Status: Finaled

Record Info

Payments \*

## **Work Location**

9485 HAMLIN BLVD \* Seminole FL 33776

## **Record Details**

#### Licensed Professional:

THOMAS MILLARD OWEN stacey@albrightroofing.biz OWEN, THOMAS MILLARD ALBRIGHT ROOFING & CONTRACTING, INC. TAMPA, FL, 33647 Phone:7275412949 BUILDING CCC1327605

#### View Additional Licensed Professionals>>

## ▼More Details

Additional Information

■ Application Information

Permit Information

Residential or Commercial Construction:

Permit Type: Sub Type:

Value of Construction:

#### Project Description:

Online Building Permit RFCSH
UNIT 2 //Remove old roof. Install new shingle roofing
system. 5/12 pitch. 1-story FL 10124.1 (GAF Shingles) FL
17401.1 (Mid-States UL)

COMMERCIAL

Roofing

Residential Shingle Roofing

3795.00

# Record PER-H-CW20-15013: Express Building Permit Record Status: Finaled

Record Info -

Payments \*

#### Fees

Any outstanding fees assessed prior to October 12, 2020 may not be accurate, please contact the agency for correct fees due a Outstanding balances for permits prior to January 1, 2015 are not payable online. Please contact Pinellas County staff at 727-4

#### Paid:

<u>Date</u>	Invoice Number	Amount	
09/22/2020	T000508999	\$1.00	View Details
09/22/2020	T000508999	\$137.00	View Details
09/22/2020	T000508999	\$2.05	View Details
09/22/2020	T000508999	\$2.00	View Details
09/22/2020	T000508999	\$12.00	View Details

Record PER-H-CW20-15014: Express Building Permit Record Status: Finaled

Record Info

Payments •

## Work Location

9485 HAMLIN BLVD \* Seminole FL 33776

## **Record Details**

## Licensed Professional:

THOMAS MILLARD OWEN stacey@albrightroofing.biz OWEN, THOMAS MILLARD

ALBRIGHT ROOFING & CONTRACTING, INC.

TAMPA, FL, 33647 Phone:7275412949 BUILDING CCC1327605

View Additional Licensed Professionals>>

#### **▼**More Details

- Additional Information
- Application Information

#### Permit Information

Residential or Commercial Construction: COMMERCIAL
Permit Type: Roofing

Sub Type: Residential Shingle Roofing

Value of Construction: 3795.0

#### **Project Description:**

Online Building Permit RFCSH
UNIT 4//Remove old roof. Install new shingle roofing system.
5/12 pitch. 1-story FL 10124.1 (GAF Shingles) FL 17401.1
(Mid-States UL)

Record Status:	: Finaled		
Record Info	▼ Payments ▼		
Fees			
rees			
Any outstanding	ı fees assessed prior to October 1:	2, 2020 may not be accurate, please <u>c</u>	ontact the agency for correct
Any outstanding	y fees assessed prior to October 1: ances for permits prior to January	2, 2020 may not be accurate, please <u>c</u> 2 <u>1, <b>2015 are not payable online</b></u> . Plea	ontact the agency for correct se contact Pinellas County sta
Any outstanding	g fees assessed prior to October 1: ances for permits prior to January	2, 2020 may not be accurate, please <u>c</u> 7 <u>1, <b>2015 are not payable online</b></u> . Plea	ontact the agency for correct se contact Pinellas County sta
Any outstanding Outstanding <u>bal</u>	g fees assessed prior to October 12 lances for permits prior to January Invoice Number	2, 2020 may not be accurate, please <u>c</u> 7 <u>1, <b>2015 are not payable online</b></u> . Plea Amount	ontact the agency for correct se contact Pinellas County sta
Any outstanding Outstanding <u>bal</u> Paid:	ances for permits prior to January	<u>r 1, 2015 are not payable online</u> . Plea	ontact the agency for correct se contact Pinellas County sta View Details
Any outstanding Outstanding <u>bal</u> Paid: Date	ances for permits prior to January  Invoice Number	<u>r 1, 2015 are not payable online</u> . Plea	se contact Pinellas County sta
Any outstanding Dutstanding ball Paid:  Date 09/22/2020	Invoice Number T000509007	<u>r 1, 2015 are not payable online</u> . Plea  Amount  \$1.00	se contact Pinellas County sta <u>View Details</u>
Any outstanding ball Outstanding ball Paid:  Date 09/22/2020 09/22/2020	Invoice Number T000509007 T000509007	Amount \$1.00 \$137.00	se contact Pinellas County sta View Details View Details