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

	uns form and any	documentation provi	ded with the insurance	e poncy			
Inspection Date: Feb 28, 2023							
Owner Information							
Owner Name: Errol By The Sea Pump	Contact Person:						
Address: 4501S Atlantic Ave			Home Phone:				
City: New Smyrna	Zip: 32169		Work Phone:				
County: Volusia			Cell Phone:				
Insurance Company:			Policy #:				
Year of Home: 1974	# of Stories: 1		Email:				
NOTE: Any documentation used in val accompany this form. At least one phot though 7. The insurer may ask addition	ograph must accom	pany this form to valida	te each attribute marke	d in questions 3			
Building Code: Was the structure builthe HVHZ (Miami-Dade or Broward company)	ounties), South Flori	da Building Code (SFBC-	94)?				
A. Built in compliance with the FI a date after 3/1/2002: Building Per				mit application with			
B. For the HVHZ Only: Built in coprovide a permit application with a							
C. Unknown or does not meet the	requirements of Ansv	wer "A" or "B"					
2. Roof Covering: Select all roof covering OR Year of Original Installation/Replacovering identified.							
	nit 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	//						
	//			Ī			
4. Built Up				H			
	//	PERMIT #		H			
	//		4074	님			
6. Other Concrete	//		1974				
 A. All roof coverings listed above installation OR have a roofing per B. All roof coverings have a Mian roofing permit application after 9/ C. One or more roof coverings do D. No roof coverings meet the req 	mit application date on Dade Product App 1/1994 and before 3/2 not meet the requirer	on or after 3/1/02 OR the r roval listing current at tim 1/2002 OR the roof is orig ments of Answer "A" or "I	oof is original and built is e of installation OR (for t inal and built in 1997 or l	n 2004 or later. The HVHZ only) a			
3. Roof Deck Attachment : What is the v	veakest form of roof	deck attachment?					
A. Plywood/Oriented strand board by staples or 6d nails spaced at 6' shinglesOR- Any system of screen mean uplift less than that required B. Plywood/OSB roof sheathing years.	' along the edge and ws, nails, adhesives, for Options B or C b	12" in the fieldOR- Ba other deck fastening syste pelow.	atten decking supporting em or truss/rafter spacing	wood shakes or wood that has an equivalent			
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 than 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 v 24"inches o.c.) by 8d common na decking with a minimum of 2 nail	ils spaced a maximum s per board (or 1 nai	m of 6" inches in the field l per board if each board i	OR- Dimensional lumbs equal to or less than 6 is	ber/Tongue & Groove nches in width)OR-			
Inspectors Initials JB Property Addi	ess_45015 Atlantic	AVE	New Smyrr	<u>na</u> 32169			

*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.

	or g			rews, nails, adhesives, other deck fastening system or truss/rafter spacing to the ce than 8d common nails spaced a maximum of 6 inches in the field or has		
\times		•	ced Co	oncrete Roof Deck.		
	F.	Unknow	n or u	nidentified.		
	G.	No attic	acces	5.		
	eet o	f the insi	de or	nent: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attacutside corner of the roof in determination of WEAKEST type)	achment of hip/valley jacks	s within
Ш	A.	Toe Nail	Tru	ss/rafter anchored to top plate of wall using nails driven at an angle throutop plate of the wall, or	igh the truss/rafter and atta	ached to
			Me	tal connectors that do not meet the minimal conditions or requirements of B	s, C, or D	
Mi	nima	al conditi	ions t	o qualify for categories B, C, or D. All visible metal connectors are:		
			Sec	oured to truss/rafter with a minimum of three (3) nails, and		
			the	ached to the wall top plate of the wall framing, or embedded in the bond bear blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, a rosion.		from
	В.	Clips				
			Me	tal connectors that do not wrap over the top of the truss/rafter, or		
		L	pos	tal connectors with a minimum of 1 strap that wraps over the top of the trustition requirements of C or D, but is secured with a minimum of 3 nails.	ss/rafter and does not meet	the nail
	C.	Single W	Me	tal connectors consisting of a single strap that wraps over the top of the aimum of 2 nails on the front side and a minimum of 1 nail on the opposing		d with a
	D.	Double '	-			
		L	bea	tal Connectors consisting of 2 separate straps that are attached to the wall fr m, on either side of the truss/rafter where each strap wraps over the top of the inimum of 2 nails on the front side, and a minimum of 1 nail on the opposi	he truss/rafter and is secure	
			Me	tal connectors consisting of a single strap that wraps over the top of the trus h sides, and is secured to the top plate with a minimum of three nails on each	ss/rafter, is secured to the w	all on
\boxtimes		Structura Other: _		Anchor bolts structurally connected or reinforced concrete roof.		
	G.	Unknow	n or u	nidentified		
		No attic				
				t is the roof shape? (Do not consider roofs of porches or carports that are attunenclosed space in the determination of roof perimeter or roof area for roof		
	A.	Hip Roo	of	Hip roof with no other roof shapes greater than 10% of the total roof syste Total length of non-hip features: feet; Total roof system perimeter	_	
\boxtimes	В.	Flat Roo	of	Roof on a building with 5 or more units where at least 90% of the main rooless than 2:12. Roof area with slope less than 2:12 sq ft; Total rooms to the state of the st	of area has a roof slope of	
	C.	Other Ro	oof	Any roof that does not qualify as either (A) or (B) above.		
6. <u>Sec</u>	A.	SWR (all sheathing	lso cal g or fo	sistance (SWR): (standard underlayments or hot-mopped felts do not qualided Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing under adhesive SWR barrier (not foamed-on insulation) applied as a supplementary water intrusion in the event of roof covering loss.	nderlayment applied directly	y to the
\boxtimes	В.	No SWR	₹.	ndetermined.		
Inspec	tors	Initials	JB	Property Address_4501S Atlantic Ave	New Smyrna	32169

^{*}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. 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 Garage Glass Entry 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. Not Applicable- there are no openings of this type on the structure X 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 No Windborne Debris Protection 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 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 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 JB Property Address 4501S Atlantic Ave New Smyrna 32169

^{*}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.

protective coverings not meeting the requ	nirements of Answer "A", "B", or C"	mentation) All Glazed openings are protect or systems that appear to meet Answer "A	
with no documentation of compliance (Le	,	N. Cl. I	
N.1 All Non-Glazed openings classified as N.2 One or More Non-Glazed openings classified above		no Non-Glazed openings exist no Non-Glazed openings classified as Level X	in the
N.3 One or More Non-Glazed openings is c	classified as I evel X in the table above		
X. None or Some Glazed Openings One		and Level X in the table above.	
Section 627.711(2), Florida	Statutes, provides a listing of individual	duals who may sign this form.	
Qualified Inspector Name: John Banks	License Type: General Contractor	License or Certificate #: CGC1515728	
Inspection Company: Coastal Home Inspections		Phone: 386-566-0963	
Qualified Inspector – I hold an active	license as a: (check one)		
Home inspector licensed under Section 468.8314 training approved by the Construction Industry I Building code inspector certified under Section 4 General, building or residential contractor licens Professional engineer licensed under Section 471 Professional architect licensed under Section 481 Any other individual or entity recognized by the	4, Florida Statutes who has completed the Licensing Board and completion of a prof 468.607, Florida Statutes. ed under Section 489.111, Florida Statute 1.015, Florida Statutes. 1.213, Florida Statutes. insurer as possessing the necessary quality.	iciency exam.	
verification form pursuant to Section 627.711(2)			
(print name) contractors and professional engineers only) I and I agree to be responsible for his/her worl Qualified Inspector Signature: John Ba An individual or entity who knowingly or thr subject to investigation by the Florida Divisio appropriate licensing agency or to criminal p certifies this form shall be directly liable for t	inspect the structures personally a uthorize a direct employee who position inspection. ded inspector and I personally performance in the personal	nd not through employees or other personsesses the requisite skill, knowledge, and ormed the inspection or (licensed) perform the inspection name of inspector) Feb 28, 2023 alse or fraudulent mitigation verification subject to administrative action by the Florida Statutes) The Qualified Inspect	n form is
performed the inspection.		The second secon	<u> </u>
Homeowner to complete: I certify that the n residence identified on this form and that proof of Signature:	of identification was provided to me		ne
An individual or entity who knowingly provid	des or utters a false or fraudulant r	nitigation verification form with the inte	ent to
obtain or receive a discount on an insurance pof the first degree. (Section 627.711(7), Florid	premium to which the individual or		
The definitions on this form are for inspection as offering protection from hurricanes.	n purposes only and cannot be used	to certify any product or construction i	feature
Inspectors Initials _JB_ Property Address_4	501S Atlantic Ave	New Smyrna	32169
*This verification form is valid for up to five inaccuracies found on the form.	(5) years provided no material cha	nges have been made to the structure or	

Page 4 of 4

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



REAR



RIGHT





FRONT/LEFT



REAR



CONCRETE ROOF DECK



CONCRETE ROOF FDECK





SINGNATURE PAGE

