Uniform Mitigation Verification Inspection Form

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

Inspection Date: **04/05/2024**

| Owne | er Inform | ation | | | | | | | | |
|--|---|---|--|---|---|--|--|--|--|--|
| Owne | r Name: | Sawmill Villas Condo A | Assn. | | Contact Person | n: Sawmill V | illas Co | | | |
| Addre | ess: | 5702 Foxlake Drive | | | Home Phone: | | | | | |
| City: | | North Fort Myers | Zip: 33917 | | Work Phone: | | | | | |
| Coun | ty: | Lee | | | Cell Phone: | | | | | |
| Insura | ance Com | pany: | | | Policy #: | | | | | |
| Year o | of Home: | 1982 | # of Stories: 2 | | Email: | | | | | |
| accon | npany thi | cumentation used in valions s form. At least one photons urer may ask additions | graph must accompan | y this form to validat | e each attribute | e marked in | | | | |
| | | ode: Was the structure buil ne HVHZ (Miami-Dade or | | | | | or homes | | | |
| | | t in compliance with the Flate after 3/1/2002: Buildi | | | | | it application | | | |
| | 1996 pı | he HVHZ Only: Built in covide a permit application | n with a date after 9/1/1 | 3C-94: Year Built 994: Building Permit | . For hor Application Dar | mes built in 1 te | 1994, 1995, an | | | |
| \checkmark | | nown or does not meet the | | r "A" or "B" | | | | | | |
| 2. Roof Coverings: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering 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. Asp | phalt/Fiberglass Shingle | <u>5/11/2023</u> | | | 2023 | | | | |
| | 2. Cor | ncrete/Clay Tile | // | | | | | | | |
| | ☐ 3. Me | tal | // | | | | | | | |
| | 4. Bui | ilt Up | // | | | | | | | |
| | ☐ 5. Me | mbrane | // | | _ | | | | | |
| | ☐ 6. Oth | ner | // | - | | | | | | |
| ~ | | oof coverings listed above tion OR have a roofing pe | | | | | | | | |
| | 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 Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later. | | | | | | | | | |
| | C. One | or more roof coverings do | not meet the requireme | nts of Answer "A" or | В". | | | | | |
| | D. No ro | oof coverings meet the req | uirements of Answer "A | a" or "B". | | | | | | |
| 3. R o | oof Deck A | Attachment: What is the w | veakest form of roof decl | k attachment? | | | | | | |
| | oof Deck Attachment: What is the weakest 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. | | | | | | | | | |
| | maximu screws, | rood/OSB roof sheathing variety of 24"inches o.c.) by 8 nails, adhesives, other decresistance 8d nails spaced | d common nails spaced ck fastening system or tr | a maximum of 12" incuss/rafter spacing that | ches in the field is shown to have | OR- Any sy ve an equival | stem of ent or | | | |
| ✓ | maximu lumber/ | rood/OSB roof sheathing vam of 24"inches o.c.) by 8 Tongue & Groove deckin n 6 inches in width)OR- | d common nails spaced g with a minimum of 2 | a maximum of 6" incl nails per board (or 1 n | nes in the field. ail per board if e | -OR- Dimens each board is | ional equal to or | | | |
| Insp | ectors Init | tials TF P | roperty Address57 | 02 Foxlake DrIVE, Nor | th Fort Myers, F | FL 33917 | _ | | | |
| | | ion form is valid for up t | · | | | | - cture or | | | |
| inac | curacies fo | ound on the form. (Rev. 01/12) Adopted by R | - | a no material changes | | Page 1 of | | | | |

| | | in the field | n the field or has a mean uplift resistance of at least 182 psf. | | | | | | | |
|---|--------------|----------------|--|--|--|--|--|--|--|--|
| | | D. Reinford | D. Reinforced Concrete Roof Deck. | | | | | | | |
| | | E. Other: | ner: | | | | | | | |
| | | F. Unknown | n or unidentified. | | | | | | | |
| | | G. No attic | access. | | | | | | | |
| 4. | | | to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks n 5 feet of the inside or outside corner of the roof in determination of WEAKEST type) | | | | | | | |
| | | A. Toe Nai | ls | | | | | | | |
| | | | 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 cond | itions 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 1/2" 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 V | Vraps | | | | | | | |
| | | | 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 | al Anchor bolts structurally connected or reinforced concrete roof. | | | | | | | |
| | | F. Other | | | | | | | | |
| | | G. Unknow | n or unidentified | | | | | | | |
| | | H. No attic | access | | | | | | | |
| 5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometric classification). | | | | | | | | | | |
| | | A. Hip Ro | of 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 Ro | 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 2:12sq ft; Total roof areasq ft | | | | | | | |
| | ✓ | C. Other R | oof Any roof that does not qualify as either (A) or (B) above. | | | | | | | |
| 6. | Sec | ondary Wa | ter Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) | | | | | | | |
| A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied d to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to the dwelling from water intrusion in the event of roof covering loss. | | | | | | | | | | |
| | | B. No SW | R. | | | | | | | |
| | | C. Unknow | wn or undetermined. | | | | | | | |
| | | | | | | | | | | |
| I | nspe | ctors Initials | TF Property Address 5702 Foxlake DrIVE, North Fort Myers, FL 33917 | | | | | | | |
| | | | form is valid for up to five (5) years provided no material changes have been made to the structure or | | | | | | | |

spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches

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 **Glazed Openings Opening Protection Level Chart** 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 Entry Garage Glass Garage Skylights or Entry form of protection (lowest row) for any of the Glazed openings and indicate the Block Doors Doors Doors Doors weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Χ Χ Χ Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) A В 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 330, D 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 X No Windborne Debris Protection Χ Χ Χ 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 exist 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 TF **Property Address** 5702 Foxlake DrIVE, North Fort Myers, FL 33917 Inspectors Initials

^{*}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.

| | N. Exterior Opening Protection (unverified with protective coverings not meeting the re"A" or "B" with no documentation of comp | equirements of Answer "A | A", "B", or C" | | | | | |
|--|---|---|--|---|----|--|--|--|
| | □ N.1 All Non-Glazed openings classified | , | , | ve. or no Non-Glazed openings exist | | | | |
| | □ N.2 One or More Non-Glazed openings | s classified as Level D in | | • | | | | |
| | classified as Level X in the table above | | | | | | | |
| | N.3 One or More Non-Glazed openings | | | | | | | |
| ✓ | X. None or Some Glazed Openings One or | more Glazed openings cl | lassified and Le | evel X in the table above. | | | | |
| | MITIGATION INSPECTIONS | | - | | | | | |
| | Section 627.711(2), Florida Statut | | of individual | | | | | |
| | I Inspector Name: | License Type: Home Inspector | | License or Certificate #: HI12198 | | | | |
| Inspecti | on Company: | | Phone: | | | | | |
| Hea | thy Home Inspections Inc | | 239-22 | 20-5107 | | | | |
| <u>Qua</u> | <u>lified Inspector - I hold an active lice</u> | nse as a: (check one) | | | | | | |
| ✓ | Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam. | | | | | | | |
| | Building code inspector certified under Section 468 | | | | | | | |
| | General, building or residential contractor licensed | | rıda Statutes. | | | | | |
| | Professional engineer licensed under Section 471.0 Professional architect licensed under Section 481.2 | | | | | | | |
| | Any other individual or entity recognized by the in | • | essary qualificatio | ons to properly complete a uniform mitigat | on | | | |
| | verification form pursuant to Section 627.711(2), I | Florida Statutes. | | | | | | |
| I,and p be res Quali An inform the ap Inspe | Trent Fly am a qualified inspector (print name) rofessional engineers only) I had my emplo ponsible for his/her work. fied Inspector Signature: dividual or entity who knowingly or throughs subject to investigation by the Florida Dispropriate licensing agency or to criminal petor who certifies this form shall be directly etor personally performed the inspection. | on verification inspection and I personally perfor yee (| on. med the inspection of the inspector | ction or (licensed contractors the inspection and I agree to 2024 fraudulent mitigation verification subject to administrative action by lorida Statutes) The Qualified | | | | |
| reside | cowner to complete: I certify that the named nee identified on this form and that proof of ture: | identification was provide | led to me or my | | | | | |
| obtai | dividual or entity who knowingly provides or receive a discount on an insurance premeanor of the first degree. (Section 627.71 | mium to which the indiv | | | to | | | |
| | definitions on this form are for inspection pre as offering protection from hurricanes. | urposes only and canno | t be used to cer | tify any product or construction | | | | |
| | | address 5702 Foxlake | | | | | | |
| | s verification form is valid for up to five (5) | years provided no mater | nai changes na | ve been made to the structure or | | | | |

Photos

























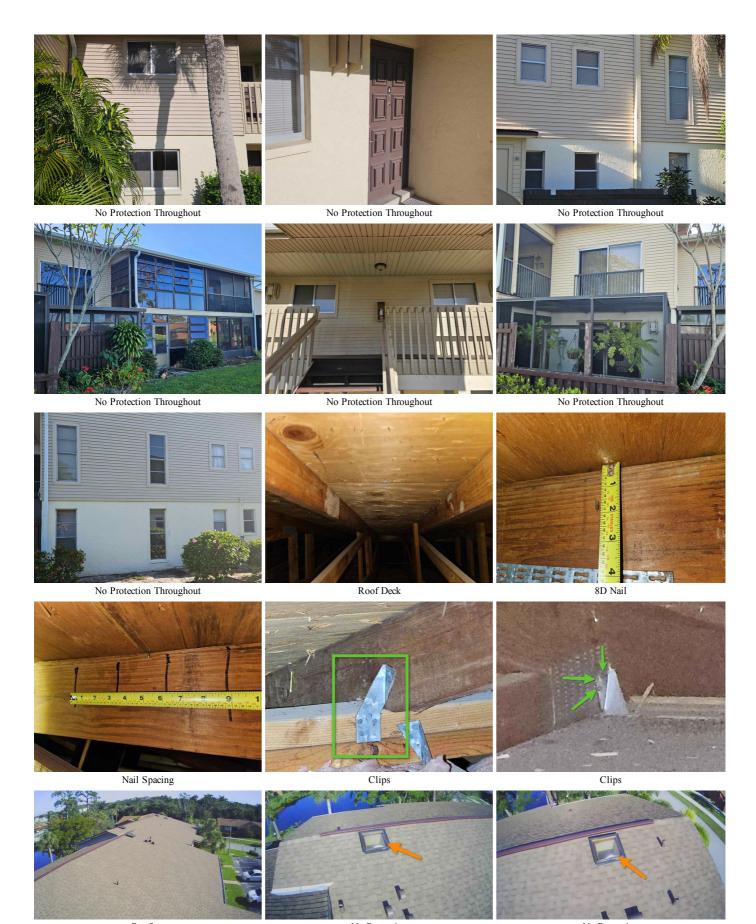


No Protection Throughout

No Protection Throughout

No Protection Throughout

Inspectors Initials TF Property Address 5702 Foxlake DrIVE, North Fort Myers, FL 33917



Rooftop No Protection No Protection

Inspectors Initials TF Property Address 5702 Foxlake DrIVE, North Fort Myers, FL 33917

^{*}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.