Uniform Mitigation Verification Inspection Form

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

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

Owner Information

| Owner Name: | | Sawmill Villas Condo As | Contact Person: Sawmill Villas Co | | | | | |
|---------------|--|--|-----------------------------------|----------------------------------|---------------|--------------------------------|----------------------------|--|
| Address: | | 5705 Foxlake Drive | | | Home Phone: | | | |
| City: | | North Fort Myers | Zip: 33917 | | Work Phone | : | | |
| County | y: | Lee | | | Cell Phone: | | | |
| Insuran | nce Comp | oany: | l | | Policy #: | | | |
| Year of | Home: | 1982 | # of Stories: 2 | | Email: | | | |
| accom | pany this | cumentation used in valid s form. At least one photog | raph must accomp | pany this form to validat | e each attrib | ute marked in o | | |
| | | nsurer may ask additiona | • | | ` ' | | | |
| | uilding Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes ocated in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? | | | | | | | |
| | A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)// | | | | | | | |
| | B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)// | | | | | | | |
| ~ | | nown or does not meet the i | | swer "A" or "B" | | | | |
| | | | • | | | | | |
| nun | nber OR | ings: Select all roof coverir Year of Original Installation vering identified. | U 11 | | | | 1.1 | |
| cacı | 1100100 | vering racinities. | | | | Year of Original | No Information | |
| | 2.1 Roof C | Covering Type | Permit Application Date | FBC or MDC Product Approval # | ‡ | Installation or Replacement | Provided for Compliance | |
| | ✓ 1. Asp | shalt/Fiberglass Shingle | 9/1/2023 | ROF2023-22111 | | 2023 | П | |
| | | acrete/Clay Tile | | | | | | |
| | ☐ 3. Met | | // | | | | | |
| | 4. Buil | lt Up | // | | | | | |
| | ☐ 5. Mei | mbrane | // | | | | | |
| | ☐ 6. Oth | er | // | - | | | | |
| \checkmark | 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 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 r | ot meet the require | ements of Answer "A" or " | В". | | | |
| | D. No ro | oof coverings meet the requ | irements of Answer | r "A" or "B". | | | | |
| 3. <u>Roo</u> | of Deck A | attachment: What is the we | akest form of roof | deck attachment? | | | | |
| | - | ood/Oriented strand board | * * | _ | · · | | | |
| | | o.c.) by staples or 6d nails s | | _ | | | | |
| | | nakes or wood shinglesOl that has an equivalent mea | | | | ning system or | truss/ramer | |
| | | ood/OSB roof sheathing w | • | | | f truss/rafter (sn: | aced a | |
| | | im of 24"inches o.c.) by 8d | | | | | | |
| | | nails, adhesives, other deck | | | | | | |
| _ | _ | resistance 8d nails spaced a | | | _ | | _ | |
| \checkmark | - | ood/OSB roof sheathing w | | | | | | |
| | 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 | | | | | | | |
| | | n 6 inches in width)OR- | | - ' | | | • | |
| Inspec | | , | | 5705 Foxlake Drive, Nort | | | _ | |
| | | ion form is valid for up to ound on the form. | five (5) years prov | ided no material changes | have been m | ade to the struc | cture or | |

| | | | 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 | | itions to qualify for categories B, C, or D. All visible metal connectors are: | | | | |
| | 1111 | 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 | | | | | |
| | | | 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 H. No attic | n or unidentified | | | | |
| | | n. No attic | access | | | | |
| wal | | • | What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry | | | | |
| | | 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 | | | | |
| | \checkmark | C. Other R | oof Any roof that does not qualify as either (A) or (B) above. | | | | |
| 6. | Sec | ondary Wat | 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 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. | | | | | |
| | | B. No SW | | | | | |
| | | C. Unknow | wn or undetermined. | | | | |

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** 5705 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.

| | with protective co | overings not | | nts of Answer ". | A", "B", or | ntation) All Glazed openings are prote C" or systems that appear to meet An | |
|--|--|---|---|--|---|---|------------------|
| | | | | | | above, or no Non-Glazed openings ex | xist |
| | □ N.2 One or N | Iore Non-Gl | = | | | pove, and no Non-Glazed openings | |
| | | | azed openings is classif | fied as Level X i | in the table | above | |
| ~ | | | | | | d Level X in the table above. | |
| | | | | | | | |
| | | | | | | QUALIFIED INSPECTOR. | |
| | | 711(2), Flo | | | of individ | luals who may sign this form. | |
| | d Inspector Name: | | License T Home | ype: e Inspector | | License or Certificate #: HI12198 | |
| | on Company: thy Home Inspection | ons Inc | • | • | Phone 23 | : 9-220-5107 | |
| | | | n active license as a | : (check one) | · · | | |
| ~ | | | ction 468.8314, Florida Station Industry Licensing Bo | | | statutory number of hours of hurricane mit iency exam. | igation |
| | Building code inspec | ctor certified u | nder Section 468.607, Flor | rida Statutes. | | | |
| | - | | ntractor licensed under Sec | | rida Statutes. | | |
| | _ | | der Section 471.015, Florid | | | | |
| | | | ler Section 481.213, Florid | | | | |
| | | | on 627.711(2), Florida Sta | | essary quann | cations to properly complete a uniform mit | ngation |
| I,and p be res Quali An integration appending periods Inspecting periods | Trent Fly (print name) rofessional engine sponsible for his/h fied Inspector Sig dividual or entity is subject to invest propriate licensing ctor who certifies | am a qualitieers only) I leer work. nature: who knowing agency of this form shortened the | nad my employee (| (print name of Date Description of the miscondum of the miscondum of the conduction of the miscondum of th | med the instance of the inspector) : 04, rides a falso ud and may 7.711(4)-(7 | e or fraudulent mitigation verificati y be subject to administrative action), Florida Statutes) The Qualified byees as if the authorized mitigation | <u>1 by</u> 1 |
| reside | nce identified on t | this form and | | ition was provid | led to me o | ployee did perform an inspection of t r my Authorized Representative. | he |
| obtain misde The o | n or receive a disc emeanor of the fir definitions on this | st degree. (S | insurance premium to ection 627.711(7), Flor | which the individa Statutes) | idual or er | gation verification form with the int tity is not entitled commits a certify any product or construction | |
| | re as offering pro | | | 5705 Foxlake | e Drive, Nor | rth Fort Myers, FL 33917 | |
| | s verification form curacies found on | | up to five (5) years pro | ovided no mater | rial changes | have been made to the structure or | |

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Photos

























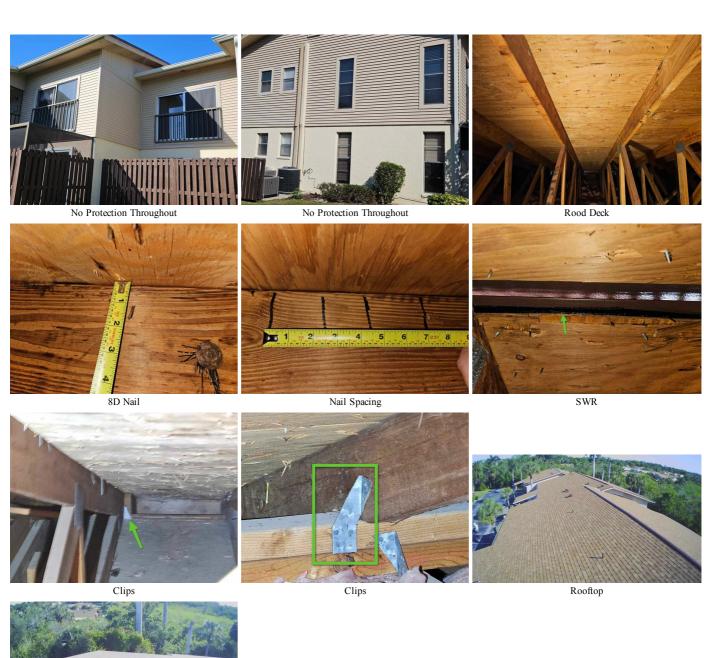


No Protection Throughout

No Protection Throughout

No Protection Throughout

Inspectors Initials TF Property Address 5705 Foxlake Drive, North Fort Myers, FL 33917





No Protection

Inspectors Initials TF Property Address 5705 Foxlake Drive, North Fort Myers, FL 33917