Uniform Mitigation Verification Inspection Form

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

Inspection Date: 10/03/18						
Owner Information						
Owner Name: Ashley Downs HOA			Contact Person: Kelly			
Address: 3435-3445 Fox Hunt DR			Home Phone: 727-733-7	'800		
City: Palm Harbor	Zip: 34683		Work Phone:			
County: Pinellas			Cell Phone:			
Insurance Company:			Policy #:			
Year of Home: 1999	# of Stories: 2		Email:			
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.						
 Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located 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)// C. Unknown or does not meet the requirements of Answer "A" or "B" Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number 						
OR Year of Original Installation/Rej 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		
		rroduct Approvai #	керіасешеш	Соптриансе		
	04 / 04 / 18					
3. Metal						
4. Built Up						
5. Membrane						
 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 not meet the requirements of Answer "A" or "B". D. No roof coverings meet the requirements of Answer "A" or "B". 						
3. Roof 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. 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 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 Inspectors Initials TS Property Address 3435-3445 Fox Hunt DR Palm Harbor 34683						
Inspectors Initials <u>' Property</u> Ad	uress 0.000 0.40 10x 110	2111 411111111111111111111111111111				

*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 hans spaced a maximum of 6 inches in the field of has a mean upint resistance of at least 182 psf.
	D. Reinforced Concrete Roof Deck.
	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
	f to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within et of the inside or outside corner of the roof in determination of WEAKEST type)
	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
Min	imal conditions 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 and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
\checkmark	B. Clips
	Metal connectors that do not wrap over the top of the truss/rafter, or
П	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.
Ш	C. Single Wraps
	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
Ш	
	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. Structural Anchor bolts structurally connected or reinforced concrete roof. F. Other:
	G. Unknown or unidentified
$\overline{}$	H. No attic access
ш	11. INO attic access
	<u>f Geometry:</u> What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of nost 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.
	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 SWR. C. Unknown or undetermined.
	ors Initials TS Property Address 3435-3445 Fox Hunt DR Palm Harbor 34683
I IIIS V	erification form is valid for up to five (5) years provided no material 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.

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

the table above

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N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of An arithmetic and account to the following the state of	nswer "A", "B", or				
with no documentation of compliance (Level N in the tall N.1 All Non-Glazed openings classified as Level A, B, C, or	,	o orno No	on Clazad	ononings ovi	int
N.2 One or More Non-Glazed openings classified as Level I					
table above N.3 One or More Non-Glazed openings is classified as Leve	el X in the table abov	re.			
X. None or Some Glazed Openings One or more Glaze			oval V in	the table ak	NOVA
A. Ivolte of Some Grazed Openings One of more Graze	ed openings classifi	ica ana L	CVCI X III	the table at	
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: Thomas Santini	License Type: FL Home Inspector/	NACHI		License or Cer HI-486 /	tificate #: NACHI 06030770
Inspection Company: Suncoast Certified Home Inspection			Phone: 72	27-623-6	687
Qualified Inspector – I hold an active license as a	: (check one)				
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	s who has completed			r of hours of	hurricane mitigation
Building code inspector certified under Section 468.607, Florida					
General, building or residential contractor licensed under Section		atutes.			
Professional engineer licensed under Section 471.015, Florida Sta Professional architect licensed under Section 481.213, Florida Sta					
		1:0		1 1.	
Any other individual or entity recognized by the insurer as possess verification form pursuant to Section 627.711(2), Florida Statutes		ualificatio	ns to prope	erly complete	e a uniform mitigation
Individuals other than licensed contractors licensed under S					
under Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dire					
experience to conduct a mitigation verification inspection.	ect employee who	possesse	s the requ	aisite sitiii,	miowieuge, and
I, Thomas Santini am a qualified inspector as (print name)	nd I personally pe	erformed	the insp	ection or (<i>l</i>	licensed
contractors and professional engineers only) I had my emplo		mt mama) perf	orm the in	spection
and I agree to be responsible for his/her work.	1 1 1 1 1 1 1 1 1 1		-	-	
Qualified Inspector Signature:	Dat	e: <u>10/</u>	03/18	3	
An individual or entity who knowingly or through gross neg	oligence provides	a false oi	r fraudul	ent mitigat	ion verification form is
subject to investigation by the Florida Division of Insurance					
appropriate licensing agency or to criminal prosecution. (See	ection 627.711(4)-	(7), Flori	ida Statut	tes) The Qu	ualified Inspector who
certifies this form shall be directly liable for the misconduct performed the inspection.	t of employees as i	if the aut	horized r	nitigation i	inspector personally
per for med the hispection.					
<u>Homeowner to complete</u> : I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.					
Signature: Date:					
					
An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which 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 only and cannot be used to certify any product or construction feature as offering protection from hurricanes.					
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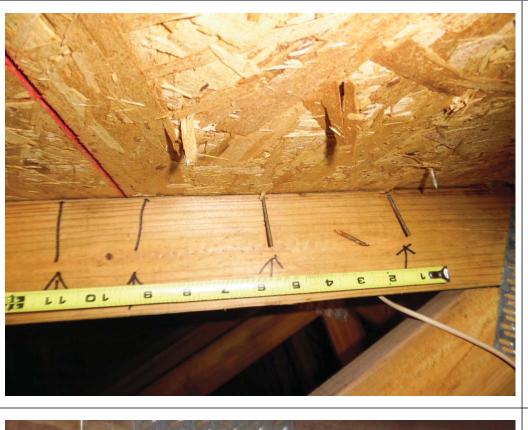
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info@tampabayroofs.co
www.tampabayroofs.co

OWNER ASKEY DOWNS HOA, INC	PHONE 727-733-7800	DATE 12/4/17
STREET 3435-3445 FOX Hunt Dr	EMAIL WAITE bayon 7.	com
CITY, STATE, ZIP Palm Harbor, FL 34683	HOW DID YOU HEAR ABOUT US?	Bay management, Inc

14(11) 1001 001) 100	14.00	1700 Total Control Control			
SHINGLE ROOF		18-171			
ECO PREF PREM CHECK ALL THAT APPLY 1. Record notice of commencement with clerks office on all jobs over \$2,500.00 and pull all necessary permits with local municipality. 2. Inspect grounds, pool screens, driveways and protect garage door, AC unit(s), pool pumps, and pool screens with plywood or felt paper to ensure proper protection.					
3. Remove existing <u>Shingle</u>	roof down to wood deck. gs. An additional fee will be required if we have to replace	e rusted or damaged wall flashings. Initial:			
5. Thoroughly inspect roof deck. 6. Replace rotten decking at \$	per sheet of plywood and/or \$ 600 per L.F.				
Specialty lumber at \$ \(\bigcup_{\text{OPD}} \) per L \(\bigcup_{\text{OPD}} \) 7. Re-nail wood deck per Florida bu \(\bigcup_{\text{OPD}} \) 8. Clean roof deck off of all debris for	lding code with 8d ring shank coil nails every 6" on plyw	rood or two nails per decking board.			
9. Install one layer of peel & stick u	nderlayment over wood deck, installed to manufacturer of paper nailed to code.				
11. Install new 6" drip edge nailed at metals. Install layer of roofing cel	a maximum width of 4". Drip edge will be overlapped a r nent on top of drip edge (Grey, white, beige, black, brow	n, galvanized.) Initial:			
1) 13. Install new 16" wide, 26 gauge me	ter strip over drip edge nailed to manufacturer's specificatal in all valleys, Valley metal shall be nailed & sealed witing stacks, nailed and sealed with roofing cement to codimbing stacks to help prevent potential damage.	th roofing cement along edges.			
16. Install new galvanized roof vents, nailed and sealed with roofing cement to code. 17. Install new field shingles of your choice, nailed with 6 nails per building code and manufacturer's specifications. 18. Install premium CertainTeed filtered vents along ridge where applicable, installed to manufacturer's specifications.					
19. Install 4' off set roof vents, installed to manufacturers specifications. 20. Install CertainTeed Shadow Ridge shingles along all hips, ridges, and filtered vents. 21. Clean and haul away all job related debris to approved disposal facility.					
21. Clean and magnetically sweep job site for loose debris and nails. 22. Hand clean and magnetically sweep job site for loose debris and nails. 23. Final inspection with company supervisor and customer to ensure 100% customer satisfaction.					
ECONOMICAL	PREFERRED	PREMIUM			
MANUFACTURER: Tamko STYLE: Heritage COLOR: MANUFACTURER'S WARRANTY: 30 YK ALGAE WARRANTY: 10 YK NON PRORATED WARRANTY: 10 YK SHINGLE WEIGHT: 304-313 lb S WIND WARRANTY: 130 mph LABOR WARRANTY: 8 YK PRICE: 36, 950.00 CUSTOMER'S INITIALS:	MANUFACTURER: Certainteed STYLE: Lardmark COLOR: MANUFACTURER'S WARRANTY: Lifetime ALGAE WARRANTY: 10 YR NON PRORATED WARRANTY: 10 YR SHINGLE WEIGHT: 329-235 ibs WIND WARRANTY: 130 MPh LABOR WARRANTY: 4 Y R PRICE: 27,540 &2 CUSTOMER'S INITIALS:	MANUFACTURER: Certainteed STYLE: Landmark Pro COLOR: MANUFACTURER'S WARRANTY: Lifetime ALGAE WARRANTY: 15 YR NON PRORATED WARRANTY: 10 YR SHINGLE WEIGHT: 250 165 WIND WARRANTY: 130 mph LABOR WARRANTY: 10 YR PRICE: 25, 130 CUSTOMER'S INITIALS:			
 Price includes					

• Extended warranty, CertainTeed 5-star warranty covers labor for 25 years and material for 50 years non-prorated. Add \$_141000

· Price includes New Flashing in all Return Areas · Price includes New Flashing around Skylight Curb