Uniform Mitigation Verification Inspection Form Maintain a copy of this form with the insurance policy

	ani a copy of this form with	the mourance poncy			
Inspection Date: 08/26/15					
Owner Information					
Owner Name: Casa Del Sol at To	Contact Person:				
Address: 101-105 Del Sol Circle	Home Phone:				
City: Tequesta	Zip: 33469	Work Phone:			
County: Palm Beach	•	Cell Phone:			
Insurance Company:		Policy #:			
Year of Home: 2006	# of Stories: 3	Email:			
NOTE: Any documentation used in validation Accompany this form. At least one photogra hrough 7. The insurer may ask additional of	aph must accompany this form	to validate each attribute m	arked in questions 3		
.) Building Code: Was the structure built in com the HVHZ (Miami-Dade or Broward counties), So	uth Florida Building Code (SFBC-94)?				
A. Built in compliance with the FBC: Year Built 2006. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) 10/17/2005					
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 Replacement OR indicate that no information was available to verify compliance for each roof. Permit Application FBC or MDC Year of Original Installation No Information Provided Product Approval # Replacement for Compliance					
☐ 1. Asphalt/Fiberglass Shingle / /					
 ∑ 2. Concrete/Clay Tile	see attached letter	B14-000354	П		
3. Metal / /	see unuened letter	D1. 000001	П		
☐ 4. Built Up / /					
5. Membrane / /					
□ 6. Other / /					
A All most soverings listed above most	the EDC with a EDC on Miemi Dode	Duodust Approval listing support	- at time of		
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 requirement	-				
8.) Roof Deck Attachment: What is the weakest	form of the roof deck attachment?				
A. Plywood/Oriented strand board (OSB) staples or 6d nails spaced at 6" along the shingles –OR- Any system of screws, requivalent mean uplift less than that re-	ne edge and 12" in the field. –OR-B nails, adhesives, other deck fastening	atten decking supporting wood sh	nakes or wood		
24"inches o.c.) by 8d common nails sp deck fastening system or truss/rafter sp maximum of 12 inches in the field or h	B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum 12" in the field –OR- 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 m 24" o.c.) by 8d common nails spaced a with a minimum of 2 nails per board (o screws, nails, adhesives, other deck far	n maximum of 6" in the field – OR- or 1 nail per board if each board is e	Dimensional lumber/Tongue and qual to or less that 6" in width).—(Groove decking OR- Any system of		

• This verification form is valid for up to five years (5) years provided no material changes have been made to the structure or no inaccuracies on this form. OIR-B1-1802 (Rev. 01.12) Adopted by rule 690-170.0155

page 1 of 4

П.		mmon nails spaced a maximum of 6" in the field or has a mean uplift resistance of at least 182 psf.
=		einforced Concrete Roof Deck her:
=		ner: nknown or unidentified.
=		o attic access.
Roof to	o wa	Attachment: What is the WEAKEST roof to wall connection? (Do not include attachement of hip/valley jacks within 5 feet or outside corner of the roof in determination of the WEAKEST type).
	Α.	oe 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.
N	Aini	nal conditions to qualify for categories B. C or D. All visible metal connectors are:
	В.	 ✓ 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 visual severe corrosion.
	C.	 ☐ 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. Single Wraps
	D.	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. Double Wraps
		 ☐ Metal connectors consisting of 2 separate straps that are attached rto 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 opposite side, or ☐ Metal connectors consisting of a single strap that wraps ob=ver 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.	tructural Anchor bolts structurally connected or reinforced concrete roof.
	F.	Other:
	G.	Unknown or Unidentified
	H.	Not attic access
		what is the roof shape(s)? (Do no consider roofs of porches or carports that are attached only to the fascia or wall of the e over unenclosed space in the determination of the 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 feature: 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. feet; Total roof area sq. feet.
	C.	Other Roof Any roof that does not qualify as either (A) or (B) above
Second	lary	Water Resistance (SWR): (Standard underlayments or hot-mopped felts do not qualify as a SWR)
		SWR (Also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the heathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling rom water intrusion in the event of roof covering loss.
	B.	No SWR.
	C.	Unknown or unidentified.
pectors	Init	als: Property Address 101-105 Del Sol Circle, Tequesta, Florida 33469

4.)

5.)

6.)

Inspectors Initials: Property Address 101-105 Del Sol Circle, Tequesta, Florida 33469

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, .3) as applicable.

	ening Protection Level Chart	Glazed Openings		Non-Glazed Openings			
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.		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		Χ	Χ	Χ		
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	Χ				Χ	Χ
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						
14	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

\boxtimes	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 E1996.
	* 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 (2-4.5lb 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 E1996. (Large Missile – 2lb to 4.5lb.)
	 □ 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:



Property Address 101-105 Del Sol Circle, Tequesta, Florida 33469

N. Exterior Opening Protection- (unverified shutter systems with no documentation): All Glazed openings are protected with protective						
coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no						
documentation of compliance (Level N in the table above.						
 N.1 All Non-Glazed openings classified as Level A, B, C or N in the table above, or no Non-Glazed openings exist. N.2 One or more Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in 						
the table above.	gs classified as Level D III the	table above, and no non	-Grazed openings crassmed as Lever A in			
☐ N.3 One or more Non-Glazed opening	gs is classified as Level X in t	he table above.				
X. None or Some Glazed Openings: One or			able above.			
	1 0					
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR						
Section 627.711(2), Florida		ng of individuals who				
Qualified Inspector Name:	License Type:		License # or MS FH certification#			
Craig R. Smith	Home Inspector		HI3442			
Inspection Company:						
C. Dick Smith Quality Home Inspections, Inc. 561-801-2689-cell or 561-62						
cdicksmith@bellsouth.net						
Qualified Inspector – I hold an act	<u>ive license or certifica</u>	ate as a: (check of	ne)			
Home Inspector licensed under Section 468.						
training approved by the Construction Indus		pletion of a proficiency e	xam.			
Building code inspector certified under sect	ion 468.607, Florida Statutes					
General, building or residential contractor li	censed under Section 489.111	, Florida Statutes.				
Professional engineer licensed under Section	471.015, Florida Statutes.					
Professional architect licensed under Section						
Any other individual or entity recognized by		necessary qualifications	to properly complete a uniform mitigation			
verification form pursuant to Section 627.71		necessary quantications	to property complete a uniform mitigation			
verification form parsuant to Section 627.71	(2), I fortai Statutes.					
Individuals other than licensed contract Licensed under Section 471.015, Florida Or other persons. Licensees under Secti Knowledge, and experience to conduct a	Statutes, must inspect th on 471.111 may authoriz	e structures personal e a direct employee w	ly and not through employees			
I, Craig R. Smith am a qualified inspector and I personally performed the inspection. Print name						
	Cray R.	_				
Qualified Inspector Signature:	Charg M. 2	Date: 08/2	6/15			
An individual or entity who knowingly of						
verification form is subject to investigati						
administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)–(7),						
Florida Statutes). The Qualified Inspector who certifies this form shall be directly liable for the misconduct of						
			de for the misconduct of			
Florida Statutes). The Qualified Inspect Employees as if the authorized inspector			ne for the misconduct or			
Employees as if the authorized inspector	personally performed th	e inspection.				
Employees as if the authorized inspector Homeowner To Complete: I certified in the second of the se	personally performed the fy that the name Quali	e inspection. fied Inspector or h	is or her employee did			
Homeowner To Complete: I certification of the resident	fy that the name Qualice identified on this for	e inspection. fied Inspector or h	is or her employee did			
Employees as if the authorized inspector Homeowner To Complete: I certified in the second of the se	fy that the name Qualice identified on this for	e inspection. fied Inspector or h	is or her employee did			
Homeowner To Complete: I certification of the resident	fy that the name Qualice identified on this for	e inspection. fied Inspector or h	is or her employee did			
Homeowner To Complete: I certification of the resident provided to me or my Authorized R	fy that the name Qualice identified on this for epresentative.	fied Inspector or hipperson and that proof	is or her employee did			
Homeowner To Complete: I certiperform an inspection of the resident provided to me or my Authorized R. Signature:	fy that the name Qualice identified on this for epresentative. Date	fied Inspector or his proof	is or her employee did of identification was			
Homeowner To Complete: I certification of the resident provided to me or my Authorized R Signature: An individual or entity who knowingly p	fy that the name Qualice identified on this for epresentative. Date or	fied Inspector or his orm and that proof	is or her employee did of identification was			
Homeowner To Complete: I certiperform an inspection of the resident provided to me or my Authorized R Signature:	fy that the name Qualities identified on this for epresentative. Date or	fied Inspection. fied Inspector or his orm and that proof fee: for fraudulent mitigation which the individual	is or her employee did of identification was			

The definitions on this form are for inspections purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

Inspectors Initials



Property Address 101-105 Del Sol Circle, Tequesta, Florida 33469

Property Photo's 101-105 Del Sol Circle, Tequesta, Florida 33469

































Date: 08/26/15

CERTIFICATE OF COMPLETION

Certificate Number 18020588

Craig Smith

Has successfully completed the class and examination for inspectors.

Course Name:

Inspector Training Program for Uniform Mitigation Verification Form OIR 1802

Class Date: 2/23/2011



William H York

Inspectors listed on: www.1802inspectors.com



C. Dick Smith

QUALITY INSPECTIONS, INC.

HOME

CONDO

MOBILE HOME

Re: Tile Roof on 101 Del Sol Circle, Tequesta, Florida 33469

To whom it may concern

The latest <u>Uniform Mitigation Form OIR-B1-1802 (2/10)</u> no longer allows for the inspector to select an option that refers to tile roofs installed to the FBC standards. This is because Questions 2 (Option A) on this form refers only to the testing requirements for Shingle Roofs and Metal Roofs. No other roof types are allowed.

Therefore, this letter serves to confirm that the tile roof on the inspection residence, based upon the confirmation permit application date or the build date of the home, was installed in accordance with the 2001 FBC for tile roofs. However as a tile roof cannot meet Option A, inspectors are obligated to select Option B: (Does not meet the above minimum requirements) for Question 2.

Please feel free to contact me with any questions.

Cray RS

Inspector signature

Date: 08/26/15

9369 Birmingham Drive, Palm Beach Gardens, FL 33410 (561) 625-3028 / Cell (561) 801-2689