## **Uniform Mitigation Verification Inspection Form**

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

Owner Name: Embassy Park Condo Association   Contact Person: (contact Person: S61-900-4317)    Address: 1700 EMBASSY DRIVE 509 - 512
Address: 1700 EMBASSY DRIVE 509 - 512  City: WEST PALM BECH  County: PALM BEACH  Coll Phone:  Policy #:  Year of Home: 1979  # of Stories: 2  Final!: officemenbassyparkupb.com  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 featurety) verified on this form.  Building Code: Was the structure built in compliance with the Florida Building Code (FBEC 201 or later) OR for homes located in the HYHZ (Miami-Dade or Broward counties), South Florida Building Code (FBEC 201 or later) OR for homes located in the HYHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBEC-94)?  B. For the HYHZ Only: Built in compliance with the SFBC-94: Year Built  For homes built in 2002/2003 provide a permit application with a date after 9/1/1994. Building Permit Application Date passonsyvyy.  C. Unknown or does not meet the requirements of Answer "A" or "B"  Provide a permit application with a date after 9/1/1994. Building 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.  Product Approval of Product Approval Structure of Product Approval Structure of Structure of Product Approval Structure of Stru
City: PALM BEACH County: PALM BEACH Norman: Policy #: Policy #: Pear of Home: 1979  # of Stories: 2 Email: office@embassyparkorpb.com  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 mated in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.  1. 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 of Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade of Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade of Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade of Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade of Broward Counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward Counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward Counties), South Florida Building Code (FBC 2001 or later) OR For homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994; Building Permit Application Date south in 1994, 1995, and 1996 provide a permit application with a date after 91/1994; Building 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 coverings Stole and the product Approval Fibric was available to verify compliance for each roof coverings to the permit App
County: PALM BEACH Insurance Company:    Policy #:
Insurance Company:   Policy #:   Policy #:   Email: office@embastyparkorph.com
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Permit Application Date  Permit Application Date  Product Approval#  Permit Application Product Approval   Permit Application   Permit Application   Product Approval   Permit Application   Pe
□ 2. Concerted Clay Tile □ 3. Metal □ □ 4. Built Up □ □ 4. Other TAR PITCH/GRAVEL □ 2001 □ □ 4. 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 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 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 12 inche
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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 MC Property Address 1700 EMBASSY DRIVE 509 - 512

\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Page 1 of 1

found on the form

	<b>—</b>	18	2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at leas
	¥			d Concrete Roof Deck.
				or unidentified.
	_		No attic a	
4.	5 fe	eet o	of the insid	<b>achment:</b> What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
	Ш	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
	Mi	nim	al conditio	ons 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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.
		B.	Clips	
				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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single Wi	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 W	• • •
				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.
	$\checkmark$	E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other:	
		G.	Unknown	or unidentified
		Η.	No attic a	ccess
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall o over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	
		В.	Flat Roof	
	<b>√</b>	C.	Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft of Any roof that does not qualify as either (A) or (B) above.
6	Sac	one	damı Wata	r Desistance (SWD): (standard underlayments or hat manned falts do not qualify as an SWD)
0.	₹		SWR (als sheathing	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		B.	No SWR.	mon water material in the event of roof covering roof.
		C.	Unknown	or undetermined.
In	spec	tor	s Initials _	MC Property Address 1700 EMBASSY DRIVE 509 - 512
*T	hic '	veri	ification fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or

<sup>\*</sup>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.

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	
			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors	
N/A	Not Applicable- there are no openings of this type on the structure		X	X	$\times$		X	
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							
N	Other protective coverings that cannot be identified as A, B, or C							
Х	No Windborne Debris Protection	X				X		

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

☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

- 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.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 <u>and</u> 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

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

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

the table above

<sup>\*</sup>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 shutter protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the t	nswer "A", "B", or C" or sy		
□ N.1 All Non-Glazed openings classified as Level A, B, C,	<i>'</i>	Jon Glaz	ad openings exist
N.1 All Non-Glazed openings classified as Level  N.2 One or More Non-Glazed openings classified as Level table above			• •
☐ N.3 One or More Non-Glazed openings is classified as Le	vel X in the table above		
X. None or Some Glazed Openings One or more Glazed	zed openings classified and l	Level X	in the table above.
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov			
Qualified Inspector Name:	License Type:		License or Certificate #:
Michael Casella Inspection Company:	Home Inspect	Or Phone:	HI 432
		5	61-479-1810
Qualified Inspector – I hold an active license as a	: (check one)		
<ul> <li>✓ Home inspector licensed under Section 468.8314, Florida Statutraining approved by the Construction Industry Licensing Board</li> <li>☐ Building code inspector certified under Section 468.607, Florida</li> </ul>	and completion of a proficience		nber of hours of hurricane mitigation
☐ General, building or residential contractor licensed under Secti	on 489.111, Florida Statutes.		
☐ Professional engineer licensed under Section 471.015, Florida	Statutes.		
☐ Professional architect licensed under Section 481.213, Florida	Statutes.		
Any other individual or entity recognized by the insurer as poss verification form pursuant to Section 627.711(2), Florida Statu		ions to pr	operly complete a uniform mitigation
Individuals other than licensed contractors licensed under	Section 489.111, Florida S	statutes,	or professional engineer licensed
under Section 471.015, Florida Statues, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a di experience to conduct a mitigation verification inspection.			
	17 11 0		
I, <u>Michael Casella</u> am a qualified inspector (print name)	and I personally performe	d the in	spection or (licensed
contractors and professional engineers only) I had my empl	loyee ( XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
and I agree to be responsible for his/her work,	(h	01 1115 <b>p</b> 0	
Qualified Inspector Signature:	Date: Apr 2	25, 2015	<u>;                                    </u>
An individual or entity who knowingly or through gross no subject to investigation by the Florida Division of Insurance			
appropriate licensing agency or to criminal prosecution. (S			
certifies this form shall be directly liable for the miscondu	ct of employees as if the au	thorize	d mitigation inspector personally
performed the inspection.			
Homeowner to complete: I certify that the named Qualifie residence identified on this form and that proof of identificati			
Signature:	Date: Apr 25, 2015		
An individual or entity who knowingly provides or utters a	a false or fraudulent mitiga	tion ver	ification form with the intent to
obtain or receive a discount on an insurance premium to w			
of the first degree. (Section 627.711(7), Florida Statutes)			
The definitions on this form are for inspection purposes or as offering protection from hurricanes.	lly and cannot be used to c	ertify aı	ny product or construction feature
Inspectors Initials MC Property Address 1700 EMBASS	Y DRIVE 509 - 512		
*This verification form is valid for up to five (5) years proinaccuracies found on the form.	vided no material changes	have be	en made to the structure or

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



**ROOF ELEVATION** 



**ROOF ELEVATION** 

## **ROOF ELEVATION**

Permit Number	01040497	Property ID	74434317180000000
Permit Desc	RFG	Balance Due	\$0.00
Property Address	1700 EMBASSY DR 509/512	Status	Closed
Permit   Plan F	Reviews   Inspections   F	ees   Contractors	I All
Imme		ERMIT	
PERMIT I	NFORMATION		
Application Date	2001-04-11	Operator	aneil
Issued Date	2001-04-11	Operator	aneil
Master Number		Project Number	
C.O. Number		Operator	
C.O. Issued			F
C-404 Type		Usage Class	NONE
Applied Value	11800	Units	0
Calculated Value	0	Contractor ID	CCC013759
PROPERT	Y ON PERMIT		
Property ID	74434317180000000		
Building Ext.			
Address	1700 EMBASSY DR 509/512		
City	WEST PALM BEACH		
State	FL		
Zip Code	33401		
OWNER C	N PERMIT		
Name	EMBASSY PARK HOA		
Address	1700 EDMBASSY DR		
	WEST PALM BEACH	Туре	Private
City			33401

## ROOF PERMIT VERIFICATION