## **Uniform Mitigation Verification Inspection Form**

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

Inspection Date: Apr 25, 2015				
Owner Information				
Owner Name: Embassy Park Condo Asso	ciation		Contact Person: Embassy	Park Condo Association
Address: 1700 EMBASSY DRIVE 709 - 712	2		Home Phone: 561-9	00-4317
City: WEST PALM BECH	Zip: <b>33401</b>		Work Phone:	
County: PALM BEACH			Cell Phone:	
Insurance Company:			Policy #:	
Year of Home: 1979	# of Stories: 2		Email: office@embassypa	rkwpb.com
NOTE: Any documentation used in valid accompany this form. At least one photog though 7. The insurer may ask additional	graph must accompany I questions regarding th	this form to vali he mitigated feat	ch construction or mitigat date each attribute marke ture(s) verified on this for	ion attribute must ed in questions 3 m.
<ol> <li>Building Code: Was the structure built the HVHZ (Miami-Dade or Broward could be a date after 3/1/2002: Building Perm B. For the HVHZ Only: Built in comprovide a permit application with a comprovide application with a com</li></ol>	inties), South Florida Bu C: Year Built nit Application Date (MM/I appliance with the SFBC-date after 9/1/1994: Buil quirements of Answer "A types in use. Provide the	iliding Code (SFI . For homes bui pd/yyyy)// .94: Year Built ding Permit App! A" or "B"	BC-94)?  It in 2002/2003 provide a p  For homes built in lication Date (MM/DD/YYYY)  on date OR FBC/MDC Production	ermit application with 1994, 1995, and 1996 //
covering identified.	Application	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
		11	•	
<u> </u>				
_				
6. Other TAR PITCH/GRAVEL			2001	
<ul> <li>A. All roof coverings listed above m installation OR have a roofing perm</li> <li>B. All roof coverings have a Miamiroofing permit application after 9/1/</li> <li>C. One or more roof coverings do not</li> <li>D. No roof coverings meet the required</li> </ul>	it application date on or Dade Product Approval 1994 and before 3/1/200 ot meet the requirements	after 3/1/02 OR to listing current at 22 OR the roof is a of Answer "A" of	the roof is original and buil time of installation OR (for original and built in 1997 or	t in 2004 or later.  the HVHZ only) a
3. Roof Deck Attachment: What is the wee  □ A. Plywood/Oriented strand board (0 by staples or 6d nails spaced at 6" a shinglesOR- Any system of screws mean uplift less than that required fo □ B. Plywood/OSB roof sheathing wit 24"inches o.c.) by 8d common nails other deck fastening system or truss	OSB) roof sheathing atta along the edge and 12" is, nails, adhesives, other for Options B or C below h a minimum thickness of spaced a maximum of 1	iched to the roof to in the fieldOR- deck fastening sy of 7/16"inch attac 2" inches in the f	Batten decking supporting stem or truss/rafter spacing ched to the roof truss/rafter fieldOR- Any system of sc	wood shakes or wood that has an equivalent (spaced a maximum of rews, nails, adhesives,
maximum of 12 inches in the field of  C. Plywood/OSB roof sheathing with 24"inches o.c.) by 8d common nails decking with a minimum of 2 nails pany system of screws, nails, adhesive Inspectors Initials MC Property Address	h a minimum thickness of spaced a maximum of 6 per board (or 1 nail per boxes, other deck fastening	stance of at least of 7/16"inch attac s" inches in the fi board if each boar g system or truss/n	103 psf. ched to the roof truss/rafter eldOR- Dimensional lum rd is equal to or less than 6	(spaced a maximum of ber/Tongue & Groove inches in width)OR-

		or greater res	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
	<b>√</b>	-	ed Concrete Roof Deck.
	П	E. Other:	
	П		or unidentified.
		G. No attic a	
4			
4.		eet of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le 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
	Miı	nimal conditi	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 nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C. Single W	
			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 V	•
			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, <b>or</b>
			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. Structura	Anchor bolts structurally connected or reinforced concrete roof.
		F. Other: _	
		G. Unknown	n or unidentified
		H. No attic a	access
5.			What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of e 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.
		B. Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet
	,		less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
	V	C. Other Ro	of Any roof that does not qualify as either (A) or (B) above.
6.		A. SWR (also sheathing	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the g 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.
			n or undetermined.
Ins	spec	tors Initials _	MC Property Address 1700 EMBASSY DRIVE 709 - 712
*Т	hic :	varification f	orm is valid for up to five (5) years provided no meterial 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. <u>Opening Protection</u>: What is the <u>weakest</u> 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		Glazed Openings				Non-Glazed Openings	
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest 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		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

Y in the table above

in the table above

the table above

A 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.)
$\square$ B.1 All Non-Glazed openings classified as A or B 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

□ 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

☐ 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

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

Inspectors Initials MC Property Address 1700 EMBASSY DRIVE 709 - 712

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N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the	nswer "A", "B", or C" or sy		
• ` `	<i>'</i>		1
<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C,</li> <li>N.2 One or More Non-Glazed openings classified as Level table above</li> </ul>			
☐ 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	Level X	in the table above.
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, prov	~		
Qualified Inspector Name:	License Type:	.01	License or Certificate #:
Michael Casella Inspection Company:	Home Inspect	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>	d and completion of a proficience		mber of hours of hurricane mitigation
General, building or residential contractor licensed under Section 408.007, Profite			
Professional engineer licensed under Section 471.015, Florida			
Professional architect licensed under Section 471.013, Florida  Professional architect licensed under Section 481.213, Florida			
Any other individual or entity recognized by the insurer as poss verification form pursuant to Section 627.711(2), Florida Statu	essing the necessary qualificati	ions to pi	coperly 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	ructures personally and n	ot throu	gh employees or other persons.
Licensees under s.471.015 or s.489.111 may authorize a di	rect employee who possess	es the r	equisite skill, knowledge, and
experience to conduct a mitigation verification inspection.			
(print name)	and I personally performe		
contractors and professional engineers only) I had my emp	loyee ( <u> </u>		
and I agree to be responsible for his/her_work,	(print name	or mape	ector)
Qualified Inspector Signature:	Date: Apr 2	25, 201	5
An individual or entity who knowingly or through gross no	egligence provides a false o	r fraud	ulent mitigation verification form is
subject to investigation by the Florida Division of Insuran			
appropriate licensing agency or to criminal prosecution. (sertifies this form shall be directly liable for the miscondu			
performed the inspection.	ct of employees as if the at	morize	d mitigation inspector personany
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification			
Signature:	Date: Apr 25, 2015		
An individual or entity who knowingly provides or utters	a false or fraudulent mitiga	ation ve	rification form with the intent to
obtain or receive a discount on an insurance premium to v			
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.	aly and cannot be used to c	ertify a	ny product or construction feature
Inspectors Initials MC Property Address 1700 EMBASS	Y DRIVE 709 - 712		
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OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155



**ROOF ELEVATION** 



**ROOF ELEVATION** 

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## **ROOF ELEVATION**

Permit Number	01021120	Property ID	74434317180000000
Permit Desc	RFG	Balance Due	\$0.00
Property Address	1700 EMBASSY DR	Status	Closed
Permit   Plan F	Reviews   Inspections	Fees   Contractors	1 All
		PERMIT	
PERMIT	NFORMATION		
Application Date	2001-02-28	Operator	ydavis
Issued Date	2001-02-28	Operator	ydavís
Master Number		Project Number	
C.O. Number		Operator	
C.O. Issued			
C-404 Type		Usage Class	NONE
Applied Value	11800	Units	0
Calculated Value	0	Contractor ID	CCC013759
ROPERT	Y ON PERMIT		
Property ID	74434317180000000		
Building Ext.			
Address	1700 EMBASSY DR		
City	WEST PALM BEACH		
State	FL		
Zip Code	33401		
OWNER O	N PERMIT		
Name	EMBASSY PARK CONDO		
Address	1700 EMBASSY DR		
	WEST PALM BEACH	Туре	Private
City		Zip Code	33401

## **ROOF PERMIT VERIFICATION**