## **Uniform Mitigation Verification Inspection Form**

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

|              | tion Date: <b>Apr 25, 2015</b>   |  |   |  |  |
|--------------|--|--|---|--|--|
|              | · Information  |  |   |  |  |
|              | Name: Embassy Park Condo   |  |   | Contact Person: Embassy  |  |
| Addres       | SS: 1700 EMBASSY DRIVE 801   |  |   | Home Phone: <b>561-9</b> 0   | 00-4317                                      |
| City:        | WEST PALM BECH   | Zip: <b>33401</b>  |   | Work Phone:  |  |
| County       | PALM BEACH   |  |   | Cell Phone:  |  |
| Insura       | nce Company:   |  |   | Policy #:  |  |
| Year o       | f Home: 1979   | # of Stories: 2  |   | Email: office@embassypa  | rkwpb.com                                    |
| accom        | : Any documentation used in pany this form. At least one part 7. The insurer may ask add   | ohotograph must accomp   | any this form to vali                             | idate each attribute marke   | ed in questions 3                            |
|              | A. Built in compliance with the a date after 3/1/2002: Building B. For the HVHZ Only: Built in provide a permit application w. C. Unknown or does not meet | rd counties), South Florid<br>the FBC: Year Built<br>g Permit Application Date<br>in compliance with the SF<br>with a date after 9/1/1994:   | a Building Code (SFI For homes bui/               | BC-94)? ilt in 2002/2003 provide a pour service.  For homes built in | ermit application with                       |
| OR           | of Covering: Select all roof cov. Year of Original Installation/Rering identified.   |  |   |  |  |
|              | 2.1 Roof Covering Type:  | Permit Application<br>Date   | FBC or MDC<br>Product Approval #                  | Year of Original Installation or<br>Replacement                      | No Information<br>Provided for<br>Compliance |
|              | ☐ 1. Asphalt/Fiberglass Shingle  | /  |   |  |  |
|              | 2. Concrete/Clay Tile  |  |   |  |  |
|              | 3. Metal   |  |   |  |  |
|              | 4. Built Up  | //   |   |  |  |
|              | 5. Membrane  |  |   |  |  |
|              | 6. Other TAR PITCH/GRAVEL  |  |   | 2001   |  |
|              | A. All roof coverings listed ab installation OR have a roofing B. All roof coverings have a M  | ove meet the FBC with a learning permit application date of the first permit application date of the first permit application date of the first permit application and the first permit applications are set of the first permit applications and the first permit applications are set of the first permit applications and the first permit applications are set of the first permit applications are set of the first permit applications and the first permit applications are set of the first perm | n or after 3/1/02 OR to oval listing current at   | the roof is original and built time of installation OR (for          | t in 2004 or later.  the HVHZ only) a        |
| _            | roofing permit application after   |  |   | C  | r later.                                     |
|              | C. One or more roof coverings  | •  |   | or "B".  |  |
|              | D. No roof coverings meet the  | requirements of Answer '   | "A" or "B".                                       |  |  |
| 3. <b>Ro</b> | of Deck Attachment: What is t  | the weakest form of roof of  | leck attachment?                                  |  |  |
|              | A. Plywood/Oriented strand be<br>by staples or 6d nails spaced a<br>shinglesOR- Any system of s<br>mean uplift less than that requ                         | at 6" along the edge and lascrews, nails, adhesives, or  | 12" in the fieldOR-ther deck fastening sy         | Batten decking supporting  | wood shakes or wood                          |
|              | B. Plywood/OSB roof sheathin<br>24"inches o.c.) by 8d common<br>other deck fastening system of<br>maximum of 12 inches in the                              | nails spaced a maximum r truss/rafter spacing that   | of 12" inches in the is shown to have an          | fieldOR- Any system of sci<br>equivalent or greater resista          | rews, nails, adhesives,                      |
|              | C. Plywood/OSB roof sheathin<br>24"inches o.c.) by 8d common<br>decking with a minimum of 2<br>Any system of screws, nails, a                              | nails spaced a maximum nails per board (or 1 nail  | of 6" inches in the fi<br>per board if each board | ieldOR- Dimensional lum<br>rd is equal to or less than 6 i           | ber/Tongue & Groove nches in width)OR-       |
| Inspec       | tors Initials <u>MC</u> Property A   | ddress 1700 EMBASSY I  | DRIVE 801 - 804                                   |  |  |

\*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

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|    |              | 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       | achment: What is the <u>WEAKEST</u> 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  |
|    |              | H.    | 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          |       | dawy Wata          | w Desigtance (CWD), (standard underlayments on het manned felts de net quelify as an CWD)  |
| 0. | ₹ Sec        |       | 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.            | noin water intraston in the event of foot covering loss.   |
|    |              |       |                    | or undetermined.   |
| In | spec         | tor   | s Initials _       | MC_ Property Address 1700 EMBASSY DRIVE 801 - 804  |
| *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  |

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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.

| •             | ening Protection Level Chart  |                              | Glazed O        | penings   |                |                | Glazed<br>nings |  |
|---------------|---|------------------------------|-----------------|-----------|----------------|----------------|-----------------|--|
| openi<br>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<br>or Entry<br>Doors | Garage<br>Doors | Skylights | Glass<br>Block | Entry<br>Doors | Garage<br>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 iii tile 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  |

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

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).

| $\sqcup C$ . | 1 A | λП | Non- | Glazed | openings | classified | as A | ., В | , or | C ir | the | table | above, | or no | Non-0 | Glazed | openings | s 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

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

Inspectors Initials MC Property Address 1700 EMBASSY DRIVE 801 - 804

in the table above

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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  | answer "A", "B", or C" or sy      |            |                                       |
|--|-----------------------------------|------------|---------------------------------------|
| • `  | <i>'</i>                          | I (1       | 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 Leve 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 Gla  | 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:                     | ٥.۲        | 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)                     |            |                                       |
| Home inspector licensed under Section 468.8314, Florida Statutaning approved by the Construction Industry Licensing Board D. P. Hilliam L. Construction and Con | d and completion of a proficience |            | mber of hours of hurricane mitigation |
| Building code inspector certified under Section 468.607, Florid  |                                   |            |                                       |
| General, building or residential contractor licensed under Section 471 015 Elevide   |                                   |            |                                       |
| <ul> <li>□ Professional engineer licensed under Section 471.015, Florida</li> <li>□ Professional architect licensed under Section 481.213, Florida</li> </ul>  |                                   |            |                                       |
| Any other individual or entity recognized by the insurer as poss   |                                   | ons to ni  | operly complete a uniform mitigation  |
| verification form pursuant to Section 627.711(2), Florida Statu  |                                   | one to pr  | openy complete a amironi minigation   |
| Individuals other than licensed contractors licensed under   |                                   |            |                                       |
| under Section 471.015, Florida Statues, must inspect the s   |                                   |            |                                       |
| Licensees under s.471.015 or s.489.111 may authorize a di experience to conduct a mitigation verification inspection.  |                                   | es the re  | equisite skill, knowledge, and        |
|  |                                   | J 4h a !   | anation on diament                    |
| I, <u>Michael Casella</u> am a qualified inspector (print name)  | and I personally performe         | a the in   | spection or ( <i>ncensea</i>          |
| contractors and professional engineers only) I had my emp  |                                   |            |                                       |
| and I agree to be responsible for his/her_wogk,  | (print name                       | of inspe   | ector)                                |
| · /////. //  | D. Anu                            | NE 2011    |                                       |
| Qualified Inspector Signature:   | Date: Apr 2                       | 25, 2013   | <u> </u>                              |
| An individual or entity who knowingly or through gross ne  |                                   |            |                                       |
| subject to investigation by the Florida Division of Insuran  |                                   |            |                                       |
| appropriate licensing agency or to criminal prosecution. (certifies this form shall be directly liable for the miscondu  |                                   |            |                                       |
| performed the inspection.  | ict of employees as if the at     | itiioi izc | u miligation inspector personarry     |
| Homeowner to complete: I certify that the named Qualifie   | ed Inspector or his or her em     | nlovee d   | lid perform an inspection of the      |
| 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      | tion ve    | rification form with the intent to    |
| obtain or receive a discount on an insurance premium to v  | vhich the individual or enti      | ty is no   | t entitled commits a misdemeanor      |
| 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.  | nly and cannot be used to c       | ertify a   | ny product or construction feature    |
| Inspectors Initials <u>MC</u> Property Address 1700 EMBASS   | Y DRIVE 801 - 804                 |            |                                       |
| *This verification form is valid for up to five (5) years pro<br>inaccuracies found on the form.   | vided no material changes         | have be    | een made to the structure or          |

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**ROOF ELEVATION** 



**ROOF ELEVATION** 

## **ROOF ELEVATION**

| Permit Number                                    | 01021118                            | Property ID        | 74434317180000000 |
|--|-------------------------------------|--------------------|-------------------|
| Permit Desc                                      | RFG                                 | Balance Due        | \$0.00            |
| Property Address                                 | 1700 EMBASSY DRIVE                  | Status             | Closed            |
| Permit   Plan I                                  | Reviews   Inspections               | Fees   Contractors | 1 All             |
| WW.  |                                     | PERMIT             |                   |
| DED WIT I  | NFORMATION                          |                    |                   |
| Application Date                                 | 2001-02-28                          | Operator           | vdavis            |
| Issued Date                                      | 2001-02-28                          | Operator           | vdavis            |
| Master Number                                    | 2007 02 20                          | Project Number     | junis             |
| C.O. Number                                      |                                     | Operator           |                   |
| C.O. Issued                                      |                                     | af it is a second  |                   |
| 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 DRIVE                  |                    |                   |
|  | WEST PALM BEACH                     |                    |                   |
|  |                                     |                    |                   |
| City   | FL                                  |                    |                   |
| City<br>State<br>Zip Code                        | FL<br>33401                         |                    |                   |
| City<br>State<br>Zip Code                        | 33401                               |                    |                   |
| City<br>State<br>Zip Code                        |                                     |                    |                   |
| City<br>State<br>Zip Code<br>O W N E R C<br>Name | 33401<br>ON PERMIT                  |                    |                   |
| City<br>State<br>Zip Code                        | 33401  N PERMIT  EMBASSY PARK CONDO | Туре               | Private           |