Uniform Mitigation Verification Inspection Form

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

| Owner Name: LARE CLARKE GARDENS HOA  Address: 2991 S GARDEN DR.    Home Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Inspection Date: 5/18/2023          |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|---------------------------|----------------------|--|--|
| Address: 2991 S GARDEN DR.    Idone Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Owner Information                   |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
| City: LAKE WORTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Owner Name: LAKE CLARKE GARDENS HOA |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
| County: PALM BEACH Insurance Company: Policy #: Year of Home: 1972 # of Stories: 3   Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
| Policy #:   Year of Home: 1972                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                              | Zip: 33461                                       |                                             |                           |                      |  |  |
| 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(5) 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 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 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 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 Product Approval).    B. For the HVHZ Only: Building Permit Application Date homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994. Building Permit Application Date homes built in 1994, 1995, and 1996 provide a permit application with a date after 91/1994. Building Permit Application Date of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.    A. Build Florida Building Code (FBC 2001)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
| 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.  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 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 (SFBC-94)?    A. Built in compliance with the FBC: Year Built                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | 1 7                                                                                                                                                                                                                                                          |                                                  |                                             | · ·                       |                      |  |  |
| Roof Covering Special Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.    Roof Covering Special Installation OR have a roofing permit Application after 91/1209 and substitute of installation OR have a roofing permit application date on or after 3/1/120 OR the roof is original and built in 2004 or later.    Roof Covering Special Installation OR have a roofing permit application date on or after 3/1/102 OR the roof is original and built in 2004 or later.    Roof Covering Special Installation OR have a roofing permit application after or or after 3/1/109 OR the roof is original and built in 2004 or later.    Roof Covering Special Installation or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Year of                             | Home: 1972                                                                                                                                                                                                                                                   | # of Stories: 3                                  |                                             | Email:                    |                      |  |  |
| 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 (AMDONYYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | accomp                              | any this form. At least one pho                                                                                                                                                                                                                              | otograph must accompa                            | any this form to valida                     | ite each attribute marke  | d in questions 3     |  |  |
| a date after 3/1/2002: Building Permit Application Date (MANDOYYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the I                               | HVHZ (Miami-Dade or Broward                                                                                                                                                                                                                                  | counties), South Florida                         | Building Code (SFBC                         | -94)?                     |                      |  |  |
| B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built provide a permit application with a date after 9/1/1994; Building Permit Application Date (MADDOVYYY)/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | A. Built in compliance with the I a date after 3/1/2002: Building P                                                                                                                                                                                          | BC: Year Built<br>ermit Application Date a       | For nomes built in                          | n 2002/2003 provide a per | mit application with |  |  |
| 2. 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 covering identified.  2.1 Roof Covering Type:    Permit Application   Date   Product Approval #   Product Approval   Pro |                                     | B. For the HVHZ Only: Built in provide a permit application with                                                                                                                                                                                             | compliance with the SFI a date after 9/1/1994: B | BC-94: Year Built<br>uilding Permit Applica | For homes built in 19     |                      |  |  |
| OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.    Permit Application   Permit Application   Product Approval #   Year of Original Installation or Provided for Product Approval #   Product Approval #   Year of Original Installation or Provided for Product Approval #   Product Approval #   Year of Original Installation or Provided for Product Approval #   Product Product Approval #   Product Approval #   Product Product Product Approval #   Product P | X                                   | C. Unknown or does not meet the                                                                                                                                                                                                                              | e requirements of Answe                          | er "A" or "B"                               |                           |                      |  |  |
| Permit Application   Permit Application   Product Approval #   Product Approval #   Product Approval #   Provided for Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OR '                                | Year of Original Installation/Rep                                                                                                                                                                                                                            |                                                  |                                             |                           |                      |  |  |
| 2. Concrete/Clay Tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COVE                                | Po                                                                                                                                                                                                                                                           |                                                  |                                             |                           | Provided for         |  |  |
| 2. Concrete/Clay Tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 1. Asphalt/Fiberglass Shingle                                                                                                                                                                                                                                | / /                                              |                                             |                           |                      |  |  |
| 3. Metal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
| □   A. Built Up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | _                                                                                                                                                                                                                                                            |                                                  |                                             |                           |                      |  |  |
| <ul> <li></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
| 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 (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 12 inches in the field or has a mean uplift resistance of at least 103 psf.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | 177                                                                                                                                                                                                                                                          |                                                  | SEE PICTURES                                |                           |                      |  |  |
| <ul> <li>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.</li> <li>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.</li> <li>C. One or more roof coverings do not meet the requirements of Answer "A" or "B".</li> <li>D. No roof coverings meet the requirements of Answer "A" or "B".</li> <li>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.</li> <li>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.</li> <li>C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 2/16"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.</li> </ul>                                                                                                                                                                                        |                                     | П                                                                                                                                                                                                                                                            |                                                  |                                             |                           |                      |  |  |
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| <ul> <li>□ D. No roof coverings meet the requirements of Answer "A" or "B".</li> <li>3. Roof Deck Attachment: What is the weakest form of roof deck attachment?</li> <li>□ 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.</li> <li>□ 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.</li> <li>▼ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
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| <ul> <li>□ 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.</li> <li>□ 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.</li> <li>▼ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | D. No roof coverings meet the re                                                                                                                                                                                                                             | quirements of Answer ".                          | A" or "B".                                  |                           |                      |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3. <b>Roo</b>                       | f Deck Attachment: What is the                                                                                                                                                                                                                               | weakest form of roof de                          | eck attachment?                             |                           |                      |  |  |
| 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.  Z  C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 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      |                                                  |                                             |                           |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 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 |                                                  |                                             |                           |                      |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | per/Tongue & Groove nches in width)OR-                                                                                                                                                                                                                       |                                                  |                                             |                           |                      |  |  |
| Inspectors Initials BB Property Address 2991 S GARDEN DR. LAKE WORTH, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                              |                                                  |                                             |                           |                      |  |  |

\*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 res                             | sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least                                                                                                                                                                                                                                                         |  |  |
|--------------------------------------------------------------------------|------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                          | П    |                                            | ed Concrete Roof Deck.                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                          |      |                                            |                                                                                                                                                                                                                                                                                                                                                                             |  |  |
|                                                                          | П    |                                            | or unidentified.                                                                                                                                                                                                                                                                                                                                                            |  |  |
|                                                                          |      | G. No attic a                              |                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| 4                                                                        |      |                                            |                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| 4.                                                                       |      | et 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)                                                                                                                                                                                      |  |  |
|                                                                          | 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                                                                                                                                                                                                                                                                                      |  |  |
|                                                                          | Mir  | nimal condition                            | ons to qualify for categories B, C, or D. All visible metal connectors are:                                                                                                                                                                                                                                                                                                 |  |  |
|                                                                          |      | X                                          | Secured to truss/rafter with a minimum of three (3) nails, and                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                          |      | X                                          | 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.                                                                                                                          |  |  |
|                                                                          | X    | B. Clips                                   |                                                                                                                                                                                                                                                                                                                                                                             |  |  |
|                                                                          |      | X                                          | 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.                                                                                                                                                                |  |  |
|                                                                          |      | E. Structural                              | 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 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.                                                                                                                                                                                                                                                                                     |  |  |
|                                                                          | X    | B. Flat Roof                               | Total length of non-hip features: feet; Total roof system perimeter: feet 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 10,000+ sq ft; Total roof area 10,000+ sq ft                                                                                                                                                                                                                                                                            |  |  |
|                                                                          |      | C. Other Roo                               | of Any roof that does not qualify as either (A) or (B) above.                                                                                                                                                                                                                                                                                                               |  |  |
| 6.                                                                       | Sec  | A. SWR (also sheathing dwelling B. No SWR. | 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 gor 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. |  |  |
|                                                                          |      |                                            |                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Inspectors Initials BB Property Address 2991 S GARDEN DR. LAKE WORTH, FL |      |                                            |                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| *T                                                                       | hia. | vanification fo                            | arm is valid for up to five (5) years provided no metarial 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<br>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<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                                                                         | Х                            | Х               | Х         | Χ              | 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                                                                                                              |                              |                 |           |                |                |                        |  |

- 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                                                                                                                                                                                                                                                                                                      |

| L | 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                                                   |

C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with

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

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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

| N. Exterior Opening Protection (unverified shutter s protective coverings not meeting the requirements of Ar with no documentation of compliance (Level N in the ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nswer "A", "B", or C" or syste     | on) All<br>ems that | Glazed openings are protected with tappear to meet Answer "A" or "B" |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|----------------------------------------------------------------------|--|--|
| ☐ N.1 All Non-Glazed openings classified as Level A, B, C, o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r N in the table above, or no Non- | -Glazed             | openings exist                                                       |  |  |
| N.2 One or More Non-Glazed openings classified as Level table above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D in the table above, and no Non-  | Glazed              | openings classified as Level X in the                                |  |  |
| □ N.3 One or More Non-Glazed openings is classified as Leve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | el X in the table above            |                     |                                                                      |  |  |
| X. None or Some Glazed Openings One or more Glazed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ed openings classified and Lev     | el X in             | the table above.                                                     |  |  |
| MITIGATION INSPECTIONS MUST B<br>Section 627.711(2), Florida Statutes, provi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                                  |                     |                                                                      |  |  |
| Qualified Inspector Name: BRIAN BRITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | License Type:  GENERAL CONTRACTO   | OR                  | License or Certificate #:  CGC 1513974                               |  |  |
| Inspection Company:  AXIOM INSPECTION SERVICES INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | hone:               |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | · (ahaak ana)                      | 56                  | 1-350-0836                                                           |  |  |
| <ul> <li>Qualified Inspector – I hold an active license as a: (check one)</li> <li>Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.</li> <li>Building code inspector certified under Section 468.607, Florida Statutes.</li> <li>General, building or residential contractor licensed under Section 489.111, Florida Statutes.</li> <li>Professional engineer licensed under Section 471.015, Florida Statutes.</li> <li>Professional architect licensed under Section 481.213, Florida Statutes.</li> <li>Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.</li> </ul> |                                    |                     |                                                                      |  |  |
| Individuals other than licensed contractors licensed under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                     |                                                                      |  |  |
| under Section 471.015, Florida Statues, must inspect the str<br>Licensees under s.471.015 or s.489.111 may authorize a dire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                     |                                                                      |  |  |
| experience to conduct a mitigation verification inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ect employee who possesses t       | ne req              | uisite skiii, knowledge, and                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nd I personally performed th       | ha inan             | antion on (lineused                                                  |  |  |
| (print name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nu i personany periormeu u         | ne msp              | ection of (ucensea                                                   |  |  |
| contractors and professional engineers only) I had my emplo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                     | form the inspection                                                  |  |  |
| and I agree to be responsible for his/her work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (print name of                     | inspect             | tor)                                                                 |  |  |
| Qualified Inspector Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date:5/18/20                       | 023                 |                                                                      |  |  |
| An individual or entity who knowingly or through gross ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                     |                                                                      |  |  |
| subject to investigation by the Florida Division of Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                     |                                                                      |  |  |
| 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 employees as if the authorized mitigation inspector personally performed the inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                     |                                                                      |  |  |
| Homeowner to complete: I certify that the named Qualified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d Inspector or his or her emplo    | yee did             | l perform an inspection of the                                       |  |  |
| residence identified on this form and that proof of identification was provided to me or my Authorized Representative.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                     |                                                                      |  |  |
| Signature:I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date:                              |                     |                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                     |                                                                      |  |  |
| An individual or entity who knowingly provides or utters a 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 only and cannot be used to certify any product or construction feature as offering protection from hurricanes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                     |                                                                      |  |  |
| Inspectors Initials BB Property Address 2991 S GARDEN DR. LAKE WORTH, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                     |                                                                      |  |  |
| *This verification form is valid for up to five (5) years provinaccuracies found on the form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ided no material changes ha        | ve beer             | n made to the structure or                                           |  |  |

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# WIND MITIGATION PICTURES:

# EXTERIOR:











## ROOF TO WALL CONNECTION:



Clip Connection found using Endoscope (Checked several locations and found to be consistent at multiple locations)



# SHEETING/NAILING: Per FBC there are 8d nails with 4-6" spacing

# OPENING PROTECTION: n/a

