

Uniform Mitigation Verification Inspection Form

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

Inspection Date: <u>JUNE 13, 2014</u>			
Owner Information: <u>SOUTH BUILDING #12 - #20</u>			
Owner Name: <u>VENICE BEACH APARTMENTS ONE, INC.</u>		Contact Person: <u>JOE RYAN</u>	
Address: <u>100 THE ESPLANADE</u>		Home Phone: <u>941-486-9709</u>	
City: <u>VENICE</u>	Zip: <u>34285</u>	Work Phone: <u>716-886-0847</u>	
County: <u>SARASOTA</u>		Cell Phone: <u>716-570-0978</u>	
Insurance Company: <u>WESTON INSURANCE (CITIZENS)</u>		Policy #: <u>1384772</u>	
Year of Home: <u>1962</u>	# of Stories: <u>1</u>	Email: <u>JRYAN9778@AOL.COM</u>	

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 through 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 (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 (MM/DD/YYYY) ____/____/____.
- ☐ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built _____. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ____/____/____.
- ☐ C. ~~Unknown~~ or does not meet the requirements of Answer "A" or "B"

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	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass Shingle	<u>10/28/13 TYP.</u>		<u>2014</u>	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	____/____/____			<input type="checkbox"/>
<input type="checkbox"/> 3. Metal	____/____/____			<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up	____/____/____			<input type="checkbox"/>
<input checked="" type="checkbox"/> 5. Membrane	<u>10/28/13 FLAT</u>		<u>2014</u>	<input type="checkbox"/>
<input type="checkbox"/> 6. Other	____/____/____			<input type="checkbox"/>

☒ 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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 field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
- ☒ C. Plywood/OSB roof sheathing with a 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 6" inches in the field. -OR- 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-

Inspectors Initials: [Signature] Property Address: 100 THE ESPLANADE #12 - #20 VENICE FL
SOUTH 34285

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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 common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other: _____
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- ☐ A. Toe Nails
 - ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
 - ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

- ☒ Secured to truss/rafter with a minimum of three (3) nails, and **(EXISTING BLOCKING)**
- ☒ Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion. **RETROFIT PER FBC 2010 NEW TRUSS HOLD-DOWNS OVER ALL HABITABLE ENCLOSED SPACE**

- ☐ B. Clips
 - ☐ Metal connectors that do not wrap over the top of the truss/rafter, or
 - ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.

- ☐ C. Single Wraps
 - 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 Wraps **RETROFIT FACE MOUNT PER FBC 2010**
 - ☒ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
 - ☒ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side. **WALL BOND BEAM WITH AT LEAST THREE (3) TAPCONS.**

- ☐ E. Structural Anchor bolts structurally connected or reinforced concrete roof.
- ☐ F. Other: _____
- ☐ G. Unknown or unidentified
- ☐ H. No attic access

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure 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. Total length of non-hip features: _____ feet; Total roof system perimeter: _____ feet
- ☐ B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 _____ sq ft; Total roof area _____ sq ft
- ☒ C. Other Roof Any roof that does not qualify as either (A) or (B) above. **19% +/- GABLE**

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☒ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☐ B. No SWR.
- ☐ C. Unknown or undetermined.

Inspectors Initials **ALD** Property Address **100 THE ESPLANADE #12-#20 SOUTH VENICE FL 34285**

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7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart		Glazed Openings				Non-Glazed Openings	
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X	N/A	N/A	N/A	X	N/A

- ☐ **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
 - 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.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- ☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- ☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
- ☐ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 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 and ASTM E 1996 (Large Missile – 4.5 lb.)
 - SSTD 12 (Large Missile – 4 lb. to 8 lb.)
 - For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
- ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- ☐ **C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007** All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
- ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
- ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
- ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).

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

☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above

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

☒ **X. None or Some Glazed Openings** One or more Glazed openings classified ^{AS} and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.
Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.

Qualified Inspector Name: TERESA L. TOOLE	License Type: PE (FL)	License or Certificate #: PE 44791
Inspection Company: TERESA L. TOOLE P.E. INC.	Phone: 941-483-4930	

Qualified Inspector – I hold an active license as a: (check one)

☐ 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.

☐ Building code inspector certified under Section 468.607, Florida Statutes.

☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.

☒ **Professional engineer licensed under Section 471.015, Florida Statutes.**

☐ Professional architect licensed under Section 481.213, Florida Statutes.

☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, Teresa L. Toole am a qualified inspector and I personally performed the inspection ~~or (licensed~~

~~contractors and professional engineers only)~~ I had my employee () perform the inspection
(print name of inspector)

~~and I agree to be responsible for his/her work.~~

Qualified Inspector Signature: Teresa L. Toole Date: 6/13/14

An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: Joseph E. Ryan Date: 6/13/14

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor 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 AS Property Address 100 THE ESPLANADE #12-#20 SOUTH VENICE FL 34285

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City of Venice
Building and Code Enforcement

PERMIT - INSPECTION JOBSITE CARD

THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE
PREMISES BEFORE WORKED IS STARTED

PERMIT #: 13-00003536

ISSUE DATE: 11/14/2013

SITE ADDRESS: 100 THE ESPLANADE, VENICE, FL
PARCEL I.D: 0000-000-9912

"NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."

CONTRACTOR: ROOF COMPLETED - 5/22/14
LEE OVERHOLT CONSTRUCTION INC
PO BOX 7944, SARASOTA FL 34278
(941) 376-8684

OWNER:
VENICE BEACH II
100 N THE ESPLANADE, VENICE FL 34285

PROJECT DESCRIPTION: Reroof w/Truss straps and RR soffit & fascia

REQUIRED INSPECTIONS:

Permit Type: BUILDING PERMIT

Order	Inspection Type	VRU#	Inspector	Date
10	Roof Dry In	128	J. J.	5/21/14
10	Roof In Progress	129	J. J.	5/26/14
1000	Roof Final (Re-Roof)	121	J. J.	6/13/14

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

UNVIS ITEMS #2, #3, #4 & #6

PERMIT #13-3536

Permit # 13-3536

City of Venice
Development Services
Building & Code Enforcement Department
Fax: 941-486-2448

5/22/14

Roof Inspection Affidavit

I, (print) ALVIN J. SINGLETON, INC., licensed as a ☒ Contractor ☐ Engineer ☐ Architect
(License # CCC057986) on or about (date and time), May 14, 2014, did personally inspect the ...

(Select sections that apply)

Required for all roof replacements on single-family residential structures built prior to March 1, 2002:

☒ Roof deck nailing ☒ Secondary water barrier

The work must be inspected and by a Florida Professional Engineer, Registered Architect, Licensed General Contractor, Building Contractor, Residential Contractor, or Roofing Contractor. This work does not require a roof sheathing inspection.

Required for all roof replacements on single-family residential structures built before March 1, 2002 and having a value greater than \$300,000:

☐ Additional roof to wall connections

(Item #4 - see Permit Card & Photos)

The work must be inspected by a Florida Professional Engineer, Registered Architect, Licensed General Contractor, Building Contractor, or Residential Contractor. This work does require a roof sheathing inspection - Inspection Code VRU# 122.

Affidavit must be presented with permit at time of Final Inspection for job approval.

... for the work located at (job site address) 100 THE ESPLANADE SOUTH Bldg

Based upon that examination, I have determined the installation was done according to the Hurricane Mitigation Retrofits Manual (Based on 553.844 F.S. and Rule 9B-3.0475 FAC).

Contractor License # CCC057986

[Signature]
Qualifier Signature

STATE OF FLORIDA, COUNTY OF Sarasota

Sworn to and subscribed before me
this 14 day of MAY, 20 14.

By [Signature]
Notary Public, State of Florida

Joshua M. Lewis
Print, Type or Stamp Name

☒ Personally known or ☐ Produced Identification

Type of Identification Produced _____

*Notary to be filled out only for contractor signature.

(UNVIS ITEMS #2 & #3 & #6)

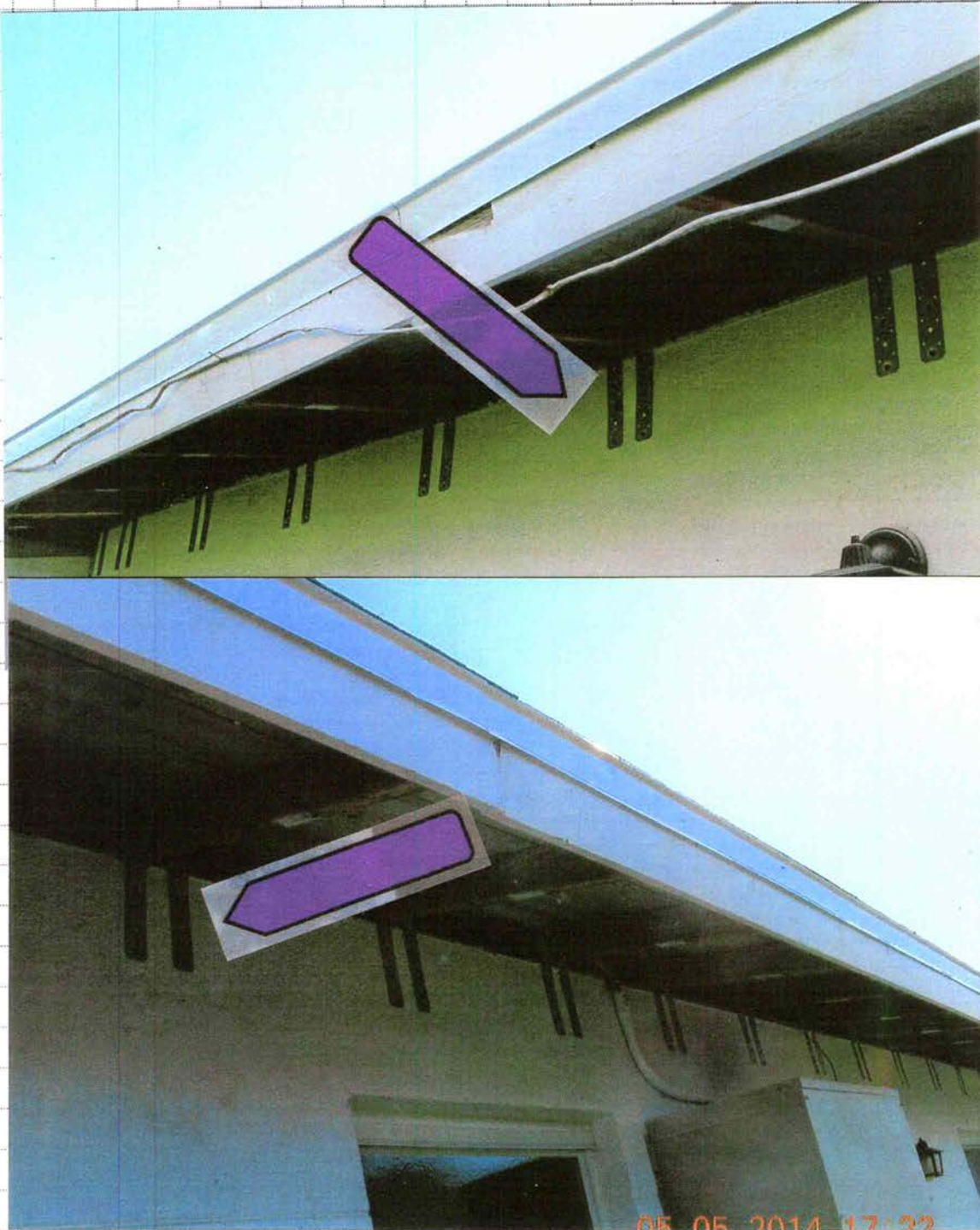
Architect/Engineer Signed & Sealed

2/2



TERESA L. TOOLE, P.E., INC.
P.O. BOX 1506
NOKOMIS, FLORIDA 34274-1506
941-483-4930 FAX 941-483-9129

JOB VENICE BEACH APTS - SOUTH ^{#12 #20}
SHEET NO. P1 OF 1
CALCULATED BY TLT DATE 6/13/14
CHECKED BY _____ DATE _____
SCALE NONE



UMVIS ITEM #4
(Typical)