Christopher North Builders Inc.

PO Box 770275

Naples, Florida 34107

239-825-9155

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Uniform Mitigation Verification Inspection Form

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

Manitani a copy or	uns form and any do	cumentation provid	ica with the mourance	z poncy
Inspection Date: Feb 27, 2022				
Owner Information				
Owner Name: Bingle			Contact Person:	
Address: 100 North Collier Boulevard	1208		Home Phone:	
City: Marco Island	Zip: 34145		Work Phone:	
County: Collier			Cell Phone:	
Insurance Company:			Policy #:	
Year of Home: 1990	# of Stories: 14		Email:	
NOTE: Any documentation used in val accompany this form. At least one phot though 7. The insurer may ask addition	ograph must accompar al questions regarding	ny this form to validate the mitigated feature	e each attribute marked (s) verified on this form	l in questions 3
 Building Code: Was the structure builthe HVHZ (Miami-Dade or Broward of A. Built in compliance with the FF 	ounties), South Florida I	Building Code (SFBC-9	(4)?	
a date after 3/1/2002: Building Per	rmit Application Date (MN	//DD/YYYY)///		
B. For the HVHZ Only: Built in coprovide a permit application with				
C. Unknown or does not meet the	requirements of Answer	"A" or "B"		
2. Roof Covering: Select all roof covering OR Year of Original Installation/Replacovering identified.				nce for each roof
Perr 2.1 Roof Covering Type:	nit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
1. Asphalt/Fiberglass Shingle	<u>//_</u>			
2. Concrete/Clay Tile	//			
	/			Ħ
				H
—	<u>//</u>		2020	
				님
6. Other	//			
 A. All roof coverings listed above installation OR have a roofing per B. All roof coverings have a Mian roofing permit application after 9/ C. One or more roof coverings do 	mit application date on o ni-Dade Product Approva 1/1994 and before 3/1/20	r after 3/1/02 OR the roal listing current at time 1002 OR the roof is original.	oof is original and built in of installation OR (for the nal and built in 1997 or la	2004 or later. ne HVHZ only) a
D. No roof coverings meet the req	uirements of Answer "A	" or "B".		
3. Roof Deck Attachment: What is the	veakest form of roof dec	k attachment?		
A. Plywood/Oriented strand board by staples or 6d nails spaced at 6' shinglesOR- Any system of screen mean uplift less than that required B. Plywood/OSB roof sheathing was a strain of the strain	(OSB) roof sheathing at along the edge and 12 ws, nails, adhesives, oth for Options B or C belowith a minimum thickness	ttached to the roof truss' in the fieldOR- Bat er deck fastening system w. ss of 7/16"inch attached	ten decking supporting v m or truss/rafter spacing t to the roof truss/rafter (s	wood shakes or wood that has an equivalent spaced a maximum of
24"inches o.c.) by 8d common national other deck fastening system or true a maximum of 12 inches in the fie	ss/rafter spacing that is s ld or has a mean uplift r	hown to have an equivalesistance of at least 103	alent or greater resistance 3 psf.	than 8d nails spaced
C. Plywood/OSB roof sheathing v 24"inches o.c.) by 8d common na decking with a minimum of 2 nail	ils spaced a maximum or sper board (or 1 nail per	f 6" inches in the field. r board if each board is	-OR- Dimensional lumb equal to or less than 6 in	er/Tongue & Groove aches in width)OR-
Inspectors Initials Property Addi	ess 100 North Collier I	Boulevard 1208	Marco Islan	d 34145

*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.

			or truss/rafter spacing that is shown to have an ches in the field or has a mean uplift resistance	
\times	D. Reinforced Concrete Roof	Deck.		
	E. Other:			
	F. Unknown or unidentified.			
	G. No attic access.			
		the <u>WEAKEST</u> roof to wall connected of the roof in determination of WEAK	on? (Do not include attachment of hip/valley ja EST type)	acks within
	A. Toe Nails Truss/rafter and the top plate of the top plate.		riven at an angle through the truss/rafter and	attached to
	_	that do not meet the minimal condition	ns or requirements of B, C, or D	
M	<u>—</u>	categories B, C, or D. All visible met		
111		rafter with a minimum of three (3) nails		
	Attached to the	vall top plate of the wall framing, or en	bedded in the bond beam, with less than a ½" 5" of the truss/rafter, and free of visible severe	
	B. Clips			
	=	that do not wrap over the top of the tru		
	position require	s with a minimum of 1 strap that wraps nents of C or D, but is secured with a m	over the top of the truss/rafter and does not minimum of 3 nails.	eet the nail
		s consisting of a single strap that wra ils on the front side and a minimum of	ps over the top of the truss/rafter and is sect 1 nail on the opposing side.	ared with a
	D. Double Wraps			
	beam, on either		e attached to the wall frame, or embedded in the wraps over the top of the truss/rafter and is second 1 pail on the opposing side or	
	Metal connector		over the top of the truss/rafter, is secured to th	e wall on
X		s structurally connected or reinforced co		
H	G. Unknown or unidentified			
Ē	H. No attic access			
5. R	of Geometry: What is the roof s	name? (Do not consider roofs of porche	s or carports that are attached only to the fascia	a or wall of
			eter or roof area for roof geometry classification	
	*	h no other roof shapes greater than 10% of non-hip features: feet; Total	· ·	
\times	B. Flat Roof Roof on a b	ailding with 5 or more units where at le	ast 90% of the main roof area has a roof slope sq ft; Total roof areasq	_
		t does not qualify as either (A) or (B) a		
6. <u>Se</u>	 A. SWR (also called Sealed R sheathing or foam adhesive 		pped felts do not qualify as an SWR) ied-bitumen roofing underlayment applied dire) applied as a supplemental means to protect the	
	C. Unknown or undetermined			
Inspe	ors Initials Property A	Idress 100 North Collier Boulevard	1208 Marco Island	34145

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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. Non-Glazed **Opening Protection Level Chart Glazed Openings Openings** Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Garage Glass Entry Garage or Entry Skylights form of protection (lowest row) for any of the Glazed openings and indicate Block **Doors** Doors Doors **Doors** the weakest form of protection (lowest row) for Non-Glazed openings. X X Not Applicable- there are no openings of this type on the structure X X Α Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) 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 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance Opening Protection products that appear to be A or B but are not verified Ν 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 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 X 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 Property Address 100 North Collier Boulevard 1208 34145

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Inspectors Initials

Marco Island

N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of A with no documentation of compliance (Level N in the tax	nswer "A", "B'			
N.1 All Non-Glazed openings classified as Level A, B, C, on N.2 One or More Non-Glazed openings classified as Level table above	or N in the table a			evel X in the
N.3 One or More Non-Glazed openings is classified as Lev	rel X in the table	above		
X. None or Some Glazed Openings One or more Glaz	ed openings cla	ssified and Level	X in the table above.	
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov		_		
Qualified Inspector Name: Christopher North	License Type:		License or Certificate #: 1506189	
Inspection Company: CHristopher North Buildrers Inc.		Phor 239		
Qualified Inspector – I hold an active license as a	: (check one	e)		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	es who has complained and completion	leted the statutory r		nitigation
Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section		a Statutos		
Professional engineer licensed under Section 471.015, Florida S	*	a Statutes.		
Professional architect licensed under Section 481.213, Florida S				
Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute		ary qualifications to	properly complete a uniform	mitigation
Individuals other than licensed contractors licensed under		1 Florida Status	tos ar professional angina	or licensed
under Section 471.015, Florida Statues, must inspect the st Licensees under s.471.015 or s.489.111 may authorize a dir experience to conduct a mitigation verification inspection.	ructures perso	nally and not the	ough employees or other	persons.
I, Chris North am a qualified inspector a	and I personal	ly performed the	inspection or (licensed	
(print name) contractors and professional engineers only) I had my empl	oyee (N/A	print name of in	perform the inspection spector)	
and I agree to be responsible for his/her work.	_	Eab 07 0		
Qualified Inspector Signature:			200	
• //		Date: Feb 27, 2	022	
An individual or entity who knowingly or through gross no subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduction of the inspection.	egligence provi ce Fraud and n Section 627.711	des a false or fra nay be subject to (4)-(7), Florida S	udulent mitigation verific administrative action by Statutes) The Qualified In	the spector who
subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection. Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification.	egligence provide Fraud and no Section 627.711 et of employees ed Inspector or la on was provided	des a false or fra nay be subject to (4)-(7), Florida S as if the author	adulent mitigation verific administrative action by statutes) The Qualified In zed mitigation inspector p	the spector who personally
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subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection. Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification.	egligence provide Fraud and no Section 627.711 et of employees ed Inspector or hon was provided Date: Feb 27, a false or fraud	des a false or fra hay be subject to (4)-(7), Florida S has if the authorian his or her employed to me or my Aut 2022	adulent mitigation verificadministrative action by Statutes) The Qualified In zed mitigation inspector per did perform an inspection horized Representative.	the spector who personally n of the
subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection. Homeowner to complete: I certify that the named Qualifier residence identified on this form and that proof of identification Signature: An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to we of the first degree. (Section 627.711(7), Florida Statutes) The definitions on this form are for inspection purposes on	egligence provide Fraud and no Section 627.711 et of employees en was provided Date: Feb 27, a false or fraud which the individed fraud which the individed fraud en was provided fraud which the individed fraud en was provided fraud which the individed fraud en was provided fraud en was	des a false or fra hay be subject to (4)-(7), Florida S has if the author his or her employed to me or my Aut 2022 Julent mitigation idual or entity is	e did perform an inspection horized Representative. verification form with the not entitled commits a mi	the spector who personally n of the e intent to isdemeanor
subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection. Homeowner to complete: I certify that the named Qualifier residence identified on this form and that proof of identification Signature: An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to wo of the first degree. (Section 627.711(7), Florida Statutes)	egligence provide Fraud and no Section 627.711 et of employees en was provided Date: Feb 27, a false or fraud which the individually and cannot	des a false or fra hay be subject to (4)-(7), Florida S has if the author his or her employed to me or my Aut 2022 Julent mitigation hadual or entity is be used to certify	e did perform an inspection horized Representative. verification form with the not entitled commits a mi	the spector who personally n of the e intent to isdemeanor
subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection. Homeowner to complete: I certify that the named Qualifier residence identified on this form and that proof of identification Signature: An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to we of the first degree. (Section 627.711(7), Florida Statutes) The definitions on this form are for inspection purposes on as offering protection from hurricanes.	egligence provide Fraud and no Section 627.711 et of employees en de Inspector or la consument and section was provided Date: Feb 27, a false or fraud which the individual and cannot ellier Boulevard	des a false or fra hay be subject to (4)-(7), Florida S has if the authorian his or her employed to me or my Aut 2022 Julent mitigation idual or entity is be used to certify 1208	e did perform an inspection horized Representative. verification form with the not entitled commits a mi	the spector who personally n of the e intent to isdemeanor

























