Christopher North Builders Inc.

PO Box 770275

Naples, Florida 34107

239-825-9155

chrisnorthnaples@gmail.com



Uniform Mitigation Verification Inspection Form

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

	ns form and any do	earnemation pro	vided with the msurane	c poncy				
Inspection Date: Feb 27, 2022								
Owner Information Owner Name: Jeffries, Contact Person:								
		Home Phone:						
Address: 100 North Collier Boulevard 10		Work Phone:						
City: Marco Island	Zip: 34145		Cell Phone:					
County: Collier								
Insurance Company:			Policy #:					
Year of Home: 1990	# of Stories: 14		Email:					
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.								
Building Code: Was the structure built the HVHZ (Miami-Dade or Broward cou-	unties), South Florida I	Building Code (SFB	C-94)?					
A. Built in compliance with the FBC a date after 3/1/2002: Building Perm				nit application with				
B. For the HVHZ Only: Built in con provide a permit application with a contract of the provide and the provide a permit application with a contract of the provided and the prov								
C. Unknown or does not meet the re	quirements of Answer	"A" or "B"						
2. Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified.				nce for each roof				
	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
1. Asphalt/Fiberglass Shingle								
2. Concrete/Clay Tile								
				ī				
<u> </u>				Ħ				
	/		2020	H				
	-			H				
6. Other				Ш				
 A. All roof coverings listed above me installation OR have a roofing perm B. All roof coverings have a Miamiroofing permit application after 9/1/ 	it application date on o Dade Product Approva	or after 3/1/02 OR that al listing current at t	e roof is original and built in time of installation OR (for the	2004 or later. ne HVHZ only) a				
C. One or more roof coverings do no	ot meet the requiremen	ts of Answer "A" or	r "B".					
D. No roof coverings meet the requi	rements of Answer "A	" or "B".						
3. Roof Deck Attachment: What is the we	eakest form of roof dec	k attachment?						
A. Plywood/Oriented strand board (by staples or 6d nails spaced at 6" a shinglesOR- Any system of screw mean uplift less than that required fo B. Plywood/OSB roof sheathing wi	OSB) roof sheathing a along the edge and 12' s, nails, adhesives, oth or Options B or C below th a minimum thickness	ttached to the roof to in the fieldOR- er deck fastening sy w. ss of 7/16"inch attac	Batten decking supporting verstem or truss/rafter spacing to thed to the roof truss/rafter (s	wood shakes or wood hat has an equivalent paced a maximum of				
24"inches o.c.) by 8d common nails other deck fastening system or truss a maximum of 12 inches in the field	/rafter spacing that is s or has a mean uplift r	hown to have an equesistance of at least	uivalent or greater resistance 103 psf.	than 8d nails spaced				
C. Plywood/OSB roof sheathing wi 24"inches o.c.) by 8d common nails decking with a minimum of 2 nails	s spaced a maximum or per board (or 1 nail per	f 6" inches in the field	eldOR- Dimensional lumb	er/Tongue & Groove				
Inspectors Initials Property Address	ss 100 North Collier I	Boulevard 1006	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 g								ng that is shown to have has a mean uplift resista	
\times	_			ced C	oncrete Roof Dec	ck.					
	_										
]]	F. I	Unknow	n or u	ınidentified.						
] (G.	No attic	acces	SS.						
					ment: What is the outside corner of					e attachment of hip/valley	jacks within
L		Α.	Toe Nai	Tr	uss/rafter anchor		of wall usi	ing nails dri	ven at an angle th	hrough the truss/rafter ar	nd attached to
			Г	_			the minima	al conditions	or requirements	of B, C, or D	
V	ſini	ma	ــ l condit	_	to qualify for ca				•	, ,	
11.					cured to truss/raf	_					
				At the	tached to the wal	l top plate of th	e wall fram	ning, or emb	edded in the bond	l beam, with less than a ber, and free of visible sev	
]]	В.	Clips								
				=	etal connectors th	-		-			
_	_		L	_ po	etal connectors w sition requiremen					truss/rafter and does not	meet the nail
L] (-	C. I	Single V	Me					over the top of nail on the oppos	the truss/rafter and is sing side.	ecured with a
]]	D.	Double	- ^							
			L	be:	am, on either side	e of the truss/rai	fter where	each strap w		Il frame, or embedded in of the truss/rafter and is a posing side. or	
] M	etal connectors co	onsisting of a si	ngle strap t	that wraps o		truss/rafter, is secured to	the wall on
X	=		Structurations Other: _	al	Anchor bolts st						
F					unidentified						
	_		No attic								
										e attached only to the fas r roof geometry classifica	
] 4	Α.	Hip Roo	of	•				of the total roof sy oof system perim	•	
\boxtimes]]	В.	Flat Roo	of	Roof on a build	ling with 5 or m	nore units v	where at leas	t 90% of the main	n roof area has a roof slop	pe of
] (C. (Other R	oof	Any roof that d						- 1
6. <u>S</u>] 4	Α.	SWR (a sheathin	llso cang or f g fron	lled Sealed Roof	Deck) Self-adl VR barrier (not	nering poly foamed-on	mer modifie insulation)	d-bitumen roofin	ualify as an SWR) g underlayment applied of lemental means to protec	
	=				undetermined.						
Insp	ecto	ors	Initials	/_	Property Add	ress 100 North	n Collier B	oulevard 10	006	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 X Not Applicable- there are no openings of this type on the structure X 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 1006

Inspectors Initials

Marco Island

34145

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protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the ta	nswer "A", "B		on) All Glazed openings are post that appear to meet Answ	
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			evel X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the table	above		
X. None or Some Glazed Openings One or more Glaz	zed openings cl	assified and Lev	el 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.			hone: 89-825-9155	
Qualified Inspector – I hold an active license as a	ı: (check on	l .		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	tes who has com	pleted the statutor		nitigation
Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section		da Statutes		
Professional engineer licensed under Section 471.015, Florida S	The state of the s	da 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		sary qualifications	to properly complete a uniform	mitigation
I, Chris North am a qualified inspector a (print name)	and I persona	lly performed t	he inspection or (licensed	
contractors and professional engineers only) I had my empl	oyee (N/A	(print name of	_) perform the inspection inspector)	
and I agree to be responsible for his/her work.	loyee (N/A	•	inspector)	
	egligence prov ce Fraud and Section 627.71	Date: Feb 27, rides a false or f may be subject 1(4)-(7), Florida	inspector) 2022 raudulent mitigation verific to administrative action by a Statutes) The Qualified In	the spector who
and I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through gross not 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 prov ce Fraud and Section 627.71 ct of employee	Date: Feb 27, rides a false or f may be subject 1(4)-(7), Florida is as if the author this or her emplo	inspector) 2022 raudulent mitigation verification administrative action by a Statutes) The Qualified In prized mitigation inspector prized mitigation inspector gree did perform an inspection	the spector who personally
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and I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through gross not subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (See tifies 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. Signature: An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to we	egligence proves Fraud and Section 627.71 of employee and Inspector or on was provide Date: Feb 27	Date: Feb 27, rides a false or f may be subject 1(4)-(7), Florida s as if the author his or her emplo d to me or my A 7, 2022 dulent mitigation ridual or entity	raudulent mitigation verification administrative action by a Statutes) The Qualified In prized mitigation inspector prized mitigation inspector uthorized Representative.	the spector who personally n of the e intent to sdemeanor
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