## **Christopher North Builders Inc.**

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Naples, Florida 34107

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## Uniform Mitigation Verification Inspection Form Maintain a copy of this form and any documentation provided with the insurance policy

	ns form and any de	cumentation prov	ided with the insuran	ce poncy		
Inspection Date: Feb 27, 2022						
Owner Information Owner Name: Ferrick			Contact Person:			
Address: 100 North Collier Boulevard 50	Home Phone:					
City: Marco Island Zip: 34145			Work Phone:			
County: Collier	Zip. 34143		Cell Phone:			
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						
NOTE: Any documentation used in valid accompany this form. At least one photo though 7. The insurer may ask additional	graph must accompai	ny this form to valid	ate each attribute marke	ed in questions 3		
1. <u>Building Code</u> : Was the structure built the HVHZ (Miami-Dade or Broward co	unties), South Florida I	Building Code (SFBC	-94)?			
A. Built in compliance with the FBC a date after 3/1/2002: Building Pern	nit Application Date (MR	M/DD/YYYY)//_				
B. For the HVHZ Only: Built in corprovide a permit application with a						
C. Unknown or does not meet the re						
<ol> <li>Roof Covering: Select all roof covering OR Year of Original Installation/Replac covering identified.</li> </ol>						
•	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
1. Asphalt/Fiberglass Shingle						
				ī		
				Ħ		
<b>—</b> —	/ 13 <sub>7</sub> 19		2020	H		
				H		
6. Other/				Ш		
A. All roof coverings listed above n installation OR have a roofing perm  B. All roof coverings have a Miamiroofing permit application after 9/1/  C. One or more roof coverings do not D. No roof coverings meet the requi	it application date on of Dade Product Approved 1994 and before 3/1/20 ot meet the requirement frements of Answer "A	or after 3/1/02 OR the all listing current at tir 002 OR the roof is oriuts of Answer "A" or "or "B".	roof is original and built ne of installation OR (for ginal and built in 1997 or	in 2004 or later. the HVHZ only) a		
3. <b>Roof Deck Attachment</b> : What is the we						
A. Plywood/Oriented strand board ( by staples or 6d nails spaced at 6" shinglesOR- Any system of screw mean uplift less than that required f  B. Plywood/OSB roof sheathing wi 24"inches o.c.) by 8d common nails	along the edge and 12's, nails, adhesives, oth or Options B or C below th a minimum thickness	" in the fieldOR- B er deck fastening syst w. ss of 7/16"inch attach	atten decking supporting tem or truss/rafter spacing ed to the roof truss/rafter	wood shakes or wood g that has an equivalent (spaced a maximum of		
other deck fastening system or truss a maximum of 12 inches in the field	/rafter spacing that is s	shown to have an equi	valent or greater resistant			
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 o per board (or 1 nail pe	f 6" inches in the fiel r board if each board	dOR- Dimensional lum is equal to or less than 6	hber/Tongue & Groove inches in width)OR-		
Inspectors Initials Property Addre	ss 100 North Collier	Boulevard 505	Marco Isla	and 34145		

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	0		eater res	of screws, nails, adhesives, other deck fastening system or truss/rafter sistance than 8d common nails spaced a maximum of 6 inches in the fie		
X	_			ed Concrete Roof Deck.		
一				or unidentified.		
F	j G	3. N	o attic a	access.		
				tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not in the or outside corner of the roof in determination of WEAKEST type)	nclude attachment of hip/valley jac	cks within
	] A	. T	oe Nails	8		
				Truss/rafter anchored to top plate of wall using nails driven at an ar the top plate of the wall, or	ngle through the truss/rafter and a	attached to
				Metal connectors that do not meet the minimal conditions or requirem	nents of B, C, or D	
M	inir	mal	conditi	ons to qualify for categories B, C, or D. All visible metal connectors	are:	
				Secured to truss/rafter with a minimum of three (3) nails, and		
				Attached to the wall top plate of the wall framing, or embedded in the the blocking or truss/rafter <b>and</b> blocked no more than 1.5" of the truss corrosion.		
	] в	3. C	lips			
				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 position requirements of C or D, but is secured with a minimum of 3 to 2 to		eet the nail
	] C	C. Si	ngle W	raps Metal connectors consisting of a single strap that wraps over the to minimum of 2 nails on the front side and a minimum of 1 nail on the		red with a
	D	). D	ouble V	Vraps		
				Metal Connectors consisting of 2 separate straps that are attached to the beam, on either side of the truss/rafter where each strap wraps over the a minimum of 2 nails on the front side, and a minimum of 1 nail on the	e top of the truss/rafter and is secu	
				Metal connectors consisting of a single strap that wraps over the top of both sides, and is secured to the top plate with a minimum of three na	of the truss/rafter, is secured to the	wall on
X	•		ructural	Anchor bolts structurally connected or reinforced concrete roof.		
	_		ther:			
	G	i. U	nknowr	n or unidentified		
	H	I. N	o attic a	access		
				What is the roof shape? (Do not consider roofs of porches or carports the over unenclosed space in the determination of roof perimeter or roof and		
	] A	<b>.</b> Н	ip Roof	Hip roof with no other roof shapes greater than 10% of the total r Total length of non-hip features: feet; Total roof system p	* *	
X	В	3. Fl	at Roof	Roof on a building with 5 or more units where at least 90% of the	e main roof area has a roof slope of	_
	] C	с. о	ther Ro	less than 2:12. Roof area with slope less than 2:12 sq f of Any roof that does not qualify as either (A) or (B) above.	t; Total roof areasq f	ı
6. <u>So</u>	] A	A. S' sh dv	WR (als	er Resistance (SWR): (standard underlayments or hot-mopped felts do so called Sealed Roof Deck) Self-adhering polymer modified-bitumen r g or foam adhesive SWR barrier (not foamed-on insulation) applied as a from water intrusion in the event of roof covering loss.	oofing underlayment applied dire	
	] C	C. U	nknowr	n or undetermined.		
Inspe	ecto	rs Iı	nitials	Property Address 100 North Collier Boulevard 505	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 **Doors Block** Doors Doors **Doors** the weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure 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 XA.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 505 34145 Marco Island

Inspectors Initials

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N. Exterior Opening Protection (unverified shutter a protective 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			evel X in the
N.3 One or More Non-Glazed openings is classified as Lev	vel X in the table	above		
X. None or Some Glazed Openings One or more Glaz	ed openings cl	assified 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 on	<u> </u>		
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	tes who has completion	oleted the statutory r		mitigation
Building code inspector certified under Section 468.607, Florida  General, building or residential contractor licensed under Sectio		la Statutes		
Professional engineer licensed under Section 471.015, Florida S	· · · · · · · · · · · · · · · · · · ·	ia 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
I, Chris North am a qualified inspector am a qualified inspector am a qualified inspector am a qualified inspector am am a qualified inspector am am a qualified inspector am	and I personal	ly performed the	:	
contractors and professional engineers only) I had my empl	oyee (N/A		perform the inspection	
contractors and professional engineers only) I had my empl and I agree to be responsible for his/her work.	oyee (N/A	(print name of in	perform the inspection spector)	
contractors and professional engineers only) I had my empl	egligence prov ce Fraud and 1 Section 627.71	(print name of in  Date: Feb 27, 20  ides a false or fra  may be subject to  1(4)-(7), Florida S	perform the inspection spector)  022  udulent mitigation verificadministrative action by 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 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 misconduct performed the inspection.  Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification.	egligence proves Fraud and a Section 627.71 of employee and Inspector or	(print name of in  Date: Feb 27, 20  ides a false or fra  nay be subject to  1(4)-(7), Florida S  s as if the author  his or her employed to me or my Aut	perform the inspection spector)  O22  udulent mitigation verificadministrative action by Statutes) The Qualified In zed mitigation inspector are did perform an inspection.	the spector who personally
and I agree to be responsible for his/her work.  Qualified Inspector Signature:  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 misconduct performed the inspection.  Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification.	egligence provided for the section 627.71 of	(print name of in  Date: Feb 27, 20  ides a false or fra may be subject to 1(4)-(7), Florida S s as if the author  his or her employed to me or my Aut 2022	perform the inspection spector)  O22  udulent mitigation verific administrative action by statutes) The Qualified In zed mitigation inspector are did perform an inspection horized Representative.  verification form with the	the spector who personally n of the e intent to
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 misconduction 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 a Section 627.71 of employee of Inspector or on was provided Date: Feb 27	(print name of in Date: Feb 27, 20 ides a false or framay be subject to 14-(7), Florida S as if the authors it to me or my Aut 2022	perform the inspection spector)  D22  udulent mitigation verificadministrative action by statutes) The Qualified In zed mitigation inspector are did perform an inspection horized Representative.  verification form with the not entitled commits a misspector.	n of the e intent to isdemeanor
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 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 proves Fraud and a Section 627.71 of employee of Inspector or on was provided Date: Feb 27 of false or fraud which the individually and cannot be seen a false or fraud which the individually and cannot be seen a false or fraud which the individually and cannot be seen a false or fraud which the individually and cannot be seen as a false or fraud which the individually and cannot be seen as a false or fraud which the individually and cannot be seen as a false or fraud which the individually and cannot be seen as a false or fraud which the individual was a false or fraud which was a false or	(print name of in  Date: Feb 27, 20  ides a false or fra  nay be subject to 1(4)-(7), Florida S  s as if the author  this or her employed to me or my Aut 2022  Julent mitigation idual or entity is  be used to certify	perform the inspection spector)  D22  udulent mitigation verificadministrative action by statutes) The Qualified In zed mitigation inspector are did perform an inspection horized Representative.  verification form with the not entitled commits a misspector.	n of the e intent to isdemeanor
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 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)  The definitions on this form are for inspection purposes on as offering protection from hurricanes.	egligence proves Fraud and a Section 627.71 of of employee of Inspector or on was provided Date:  Feb 27  a false or fraud which the individually and cannot of the section	(print name of in  Date: Feb 27, 20  ides a false or fra  nay be subject to  1(4)-(7), Florida S  s as if the author  this or her employed to me or my Aut  2022  dulent mitigation idual or entity is  be used to certify	perform the inspection spector)  D22  udulent mitigation verification by statutes) The Qualified In zed mitigation inspector are did perform an inspection horized Representative.  verification form with the not entitled commits a minus and product or construction of the performance of the construction of	the spector who personally n of the e intent to isdemeanor stion feature





















