## **Christopher North Builders, INC**

PO Box 770275 Naples, Florida

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

Inspection Date: Aug 8, 2020							
Owner Information							
Owner Name: barzun,		Contact Person:					
Address: 100 North Collier Boulevard #	800	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 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. <u>Building Code</u>: 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"
- <u>Roof Covering:</u> 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
1. Asphalt/Fiberglass Shingle	//			
2. Concrete/Clay Tile	/			
3. Metal	/			
4. Built Up	//			
5. Membrane	3-1,5-1,8		2018	
6. Other	//			

- 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. <u>Roof Deck Attachment</u>: What is the <u>weakest</u> 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). -ORInspectors Initials \_\_\_\_\_ Property Address 100 North Collier Boulevard #800 \_\_\_\_\_ Marco Island 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.

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.

	$\boxtimes$			ed Concrete Roof Deck.	
	H			or unidentified.	
	H		No attic a		
4.		of to eet c	o Wall Att	<b>tachment:</b> What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks with e or outside corner of the roof in determination of WEAKEST type)	in
		A.	Toe Nails	Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached the top plate of the wall, or	to
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D	
	Mi	nim	al conditio	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 bond beam, with less than a $\frac{1}{2}$ " 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.	l
		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 n position requirements of C or D, but is secured with a minimum of 3 nails.	ail
		C.	Single Wi	raps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.	1 a
		D.	Double W	Vraps	
				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 wit a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, <b>or</b>	h
				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.	ı
	$\boxtimes$		Structural	Anchor bolts structurally connected or reinforced concrete roof.	
			Other:	or unidentified	
	H		No attic a		
5				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall	of
5.		hos	t structure	over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).	01
		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	
	$\times$	В.	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	
		C.	Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft of Any roof that does not qualify as either (A) or (B) above.	
6.	Sec	A. B.	SWR (als sheathing dwelling No SWR.	<b>r Resistance (SWR):</b> (standard underlayments or hot-mopped felts do not qualify as an SWR) to called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or 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.	he
Ins	spec	tors	s Initials	Property Address 100 North Collier Boulevard #800 Marco Island 341	45
*T	'his v	veri	fication fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.	

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Opening Protection: 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.

-	ening Protection Level Chart		Non-Glazed Openings				
openi form (	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest 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		$\mathbf{X}$	$\mathbf{X}$	$\mathbf{X}$		X
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	X				$\times$	
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						
N	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection						$\Box$

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, <u>and</u> 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 <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 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

$\square$	C.	Exterior	0	pening	Protection	- Wood	Structural	Panels	meeting	FBC	2007	All	Glazed	openings	are	covered	with
							Table 1609.1										

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

Inspectors Initials Property Address	100 North Collier Boulevard #800	Marco Island	34145

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protective coverings not		Answer "A", "I		tion) All Glazed openings are p tems that appear to meet Answe	
	enings classified as Level A, B, C	/	e above, or no No	on-Glazed openings exist	
_	-			n-Glazed openings classified as Lev	vel X in the
	Blazed openings is classified as Lo	evel X in the table	e above		
X. None or Some Glaz	ed Openings One or more Gla	ized openings c	lassified and Le	evel X in the table above.	
	ATION INSPECTIONS MUST 7.711(2), Florida Statutes, pro		~		
Qualified Inspector Name: Chris North chrisnorthnaples	@gmail.com	License Type: CGC		License or Certificate #: 1506189	
Inspection Company: Christopher North Builders,IN	١C			Phone: 239-925-9155	
<u>Qualified Inspector – I I</u>	old an active license as	<u>a</u> : (check or	ie)		
training approved by the Cor	struction Industry Licensing Boa	rd and completion	•	bry number of hours of hurricane m	itigation
	fied under Section 468.607, Florid				
	ial contractor licensed under Sect		ida Statutes.		
Ξ	d under Section 471.015, Florida				
	d under Section 481.213, Florida		1.6.		.,. ,.
	Section 627.711(2), Florida Statu		sary quanneario	ns to properly complete a uniform r	nitigation
experience to conduct a mitig I, Chris North (print name) contractors and professional of and I agree to be responsible Qualified Inspector Signatur <u>An individual or entity who I</u> subject to investigation by th appropriate licensing agency certifies this form shall be di performed the inspection.	an a qualified inspection am a qualified inspector engineers only) I had my emp for his/her work. e:	and I persona oloyee ( <sup>N/A</sup> negligence pro nce Fraud and (Section 627.71 act of employed	Illy performed (print name of Date: Aug 8, vides a false or may be subjec 1(4)-(7), Flori es as if the aut	2020 fraudulent mitigation verific: t to administrative action by t da Statutes) The Qualified Ins horized mitigation inspector p	ation form is the pector who ersonally
Homeowner to complete: Tresidence identified on this for Signature:			ed to me or my	loyee did perform an inspection Authorized Representative.	of the
	on an insurance premium to			tion verification form with the y is not entitled commits a mis	
The definitions on this form a as offering protection from h		only and canno	t be used to ce	rtify any product or construct	ion feature
Inspectors Initials Pro	perty Address_ 100 North C	ollier Boulevar	d #800	Marco Island	34145
- //	id for up to five (5) years pr			ave been made to the structur	'e or

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