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

	115 TOTHI and any do	, camenation pro	ovided with the msdrane	c poncy		
Inspection Date: Dec 1, 2021						
Owner Information						
Owner Name: Kratz, Charlie			Contact Person:			
Address: 100 North Collier Boulevard #			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 valid accompany this form. At least one photo though 7. The insurer may ask additional	graph must accompar	ny this form to vali	date each attribute marked	l in questions 3		
Building Code: Was the structure built the HVHZ (Miami-Dade or Broward co	unties), South Florida I	Building Code (SFB	3C-94)?			
A. Built in compliance with the FBC a date after 3/1/2002: Building Pern	nit Application Date (MN	M/DD/YYYY)//				
B. For the HVHZ Only: Built in corprovide a permit application with a						
C. Unknown or does not meet the re	equirements of Answer	"A" or "B"				
2. Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified.				nce for each roof		
Permit 2.1 Roof Covering Type:	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						
				i i		
				H		
	/		2020	\vdash		
\times 5. Membrane 127	13 ₇ 19			\vdash		
6. Other/	/					
 A. All roof coverings listed above n installation OR have a roofing perm B. All roof coverings have a Miami roofing permit application after 9/1/ C. One or more roof coverings do n 	it application date on o Dade Product Approva 1994 and before 3/1/20	or after 3/1/02 OR that listing current at the 1002 OR the roof is of	ne roof is original and built in time of installation OR (for the original and built in 1997 or le	2004 or later. ne HVHZ only) a		
D. No roof coverings meet the requi	-		г Б.			
3. Roof Deck Attachment: What is the wo						
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	along the edge and 12'vs, nails, adhesives, other Options B or C below	" in the fieldOR- er deck fastening sy w.	Batten decking supporting vystem or truss/rafter spacing	wood shakes or wood that has an equivalent		
B. Plywood/OSB roof sheathing with 24"inches o.c.) by 8d common nails other deck fastening system or truss a maximum of 12 inches in the field	s spaced a maximum of //rafter spacing that is s	f 12" inches in the f shown to have an eq	fieldOR- Any system of scr puivalent or greater resistance	ews, nails, adhesives,		
C. Plywood/OSB roof sheathing with 24"inches o.c.) by 8d common nailed decking with a minimum of 2 nails	s spaced a maximum or per board (or 1 nail per	f 6" inches in the fi r board if each boar	eldOR- Dimensional lumb	er/Tongue & Groove		
	ss 100 North Collier I		Marco Islan			

*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.

	0							that is shown to have s a mean uplift resista	
X	_		orced C	oncrete Roof Deck.					
一				midentified.					
一	j G	. No at	tic acces	SS.					
						wall connection? (Do ion of WEAKEST ty		tachment of hip/valle	y jacks within
	A	. Toe N	Jails						
				uss/rafter anchored top plate of the wa		using nails driven a	t an angle thro	ugh the truss/rafter a	nd attached to
			Me	etal connectors that	do not meet the min	imal conditions or re	quirements of I	B, C, or D	
M	inir	nal con	ditions (to qualify for categ	ories B, C, or D. Al	l visible metal conn	ectors are:		
			Se Se	cured to truss/rafter	with a minimum of	three (3) nails, and			
			the					eam, with less than a hand free of visible sev	
] в	3. Clips							
			☐ M6	etal connectors that	do not wrap over the	top of the truss/rafte	er, or		
						ap that wraps over thured with a minimum		uss/rafter and does no	t meet the nail
] C	C. Single	Me			trap that wraps over minimum of 1 nail o		e truss/rafter and is s g side.	ecured with a
	D). Doub	le Wrap	S					
			bea	am, on either side of	the truss/rafter whe		over the top of	rame, or embedded in the truss/rafter and is sing side. or	
			☐ Me	etal connectors cons	isting of a single stra		e top of the tru	ss/rafter, is secured to	the wall on
\times] E	. Struct				reinforced concrete			
	_		:						
	G	. Unkn	own or ı	ınidentified					
	H	I. No at	tic acces	SS					
								ttached only to the fas	
] A	. Hip R	loof	•		eater than 10% of the feet; Total roof sy	•	-	
X] B	8. Flat R	loof	Roof on a building	g with 5 or more uni	ts where at least 90%	6 of the main ro	oof area has a roof slo	_
] C	C. Other	Roof		of area with slope less not qualify as either	ss than 2:12 er (A) or (B) above.	sq ft; Total i	roof area	sq ft
6. <u>Se</u>] A] B	sheath dwell 3. No SV	(also ca hing or f ing from WR.	lled Sealed Roof De coam adhesive SWR water intrusion in t	eck) Self-adhering p	on insulation) appli	umen roofing u	ify as an SWR) nderlayment applied onental means to proteon	
	C	. Unkn	own or ı	ındetermined.					
Inspe	ecto	rs Initia	<u>ll8/</u>	Property Address	s 100 North Collie	r Boulevard #606		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 #606 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 a			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	zed openings cla	ssified and Level X	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.		Phone 239-8		
Qualified Inspector – I hold an active license as a	· (check one			
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	tes who has complaid and completion	leted the statutory nu		mitigation
Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Sectio		a Statutes.		
Professional engineer licensed under Section 471.015, Florida S	· ·			
Professional architect licensed under Section 481.213, Florida S	tatutes.			
Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute		ary qualifications to p	roperly complete a uniform	mitigation
I, Chris North (print name) contractors and professional engineers only) I had my empl	-		nspection or (licensed	
	(perform the inspection pector)	
and I agree to be responsible for his/her work.		print name of ins	pector)	
	egligence provi ce Fraud and n Section 627.711	Date: Dec 1, 202 des a false or fraunay be subject to a (4)-(7), Florida St	pector) dulent mitigation verificed in the second	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 misconduction performed the inspection. Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification.	egligence provi	Date: Dec 1, 202 des a false or frau hay be subject to a (4)-(7), Florida St as if the authoriz his or her employee to me or my Auth	dulent mitigation verification inspector dulent mitigation verification by atutes) The Qualified In ed mitigation inspector 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 provice Fraud and no Section 627.711 ct of employees and Inspector or hon was provided Date: Dec 1, 2 a false or fraud which the indiv	Date: Dec 1, 202 des a false or frau hay be subject to a (4)-(7), Florida St has if the authorize his or her employee to me or my Auth 2021 Julent mitigation v idual or entity is n	dulent mitigation verification inspector didministrative action by atutes) The Qualified Ined mitigation inspector did perform an inspection orized Representative. erification form with the ot entitled commits a missing section.	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 we of the first degree. (Section 627.711(7), Florida Statutes) The definitions on this form are for inspection purposes on	egligence provice Fraud and no Section 627.711 ct of employees ed Inspector or hon was provided Date: Date: Dec 1, 2 a false or fraud which the individually and cannot	print name of ins Date: Dec 1, 202 des a false or frau nay be subject to a (4)-(7), Florida St as if the authoriz his or her employee to me or my Auth 2021 Julent mitigation v idual or entity is n be used to certify	dulent mitigation verification inspector didministrative action by atutes) The Qualified Ined mitigation inspector did perform an inspection orized Representative. erification form with the ot entitled commits a missing section.	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 work 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 provice Fraud and no Section 627.711 ct of employees ed Inspector or hon was provided Date: Dec 1, 2 a false or fraud which the individually and cannot	Date: Dec 1, 202 des a false or frau hay be subject to a (4)-(7), Florida St has if the authoriz his or her employee to me or my Auth 2021 Julent mitigation v idual or entity is n be used to certify #606	dulent mitigation verification instrative action by atutes) The Qualified Inted mitigation inspector did perform an inspection orized Representative. erification form with the of entitled commits a many product or construction.	the spector who personally n of the e intent to isdemeanor stion feature























