Uniform Mitigation Verification Inspection Form

Maintain a c	opy of this form and ai	ny documentation pro	vided with the insuran	ice policy			
Inspection Date: 05/08/2023							
Owner Information							
Owner Name: Stonewater Condominium Association, Inc			Contact Person:				
Address: 1100-1101 STONEBF	Address: 1100-1101 STONEBROOKE LN LAKELAND 33803			Home Phone:			
City: LAKELAND	ity: LAKELAND Zip: 33803			Work Phone:			
County: POLK		Cel	ll Phone:				
Insurance Company:		Pol	icy #:				
Year of Home: 1992	# of Stories: 2		nail:				
NOTE: Any documentation use accompany this form. At least of though 7. The insurer may ask 1. Building Code: Was the structure of the structu	one photograph must according additional questions regar	ompany this form to valid ording the mitigated featurith the Florida Building C	date each attribute mark ure(s) verified on this form ode (FBC 2001 or later) C	ed in questions 3 m.			
with a date after B.For the HVHZ C 1996 provide a p	nce with the FBC: Year Bu 3/1/2002: Building Permit Only: Built in compliance we permit application with a date of the second meet the requirement of the second meet the second me	Application Date (MM/DD/YY) with the SFBC-94: Year Bute after 9/1/1994: Building	es built in 2002/2003 proviers built in 2002/2003 proviers built For homes built For homes built Application Date	ailt in 1994, 1995, and (MM/DD/YYYY)			
2. Roof Covering: Select all roo							
 Roof Covering: Select all roo OR Year of Original Installat covering identified. 				mpliance for each roof No Information Provided for			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type:	cion/Replacement OR indicement OR indicement Application Date	cate that no information v FBC or MDC Product Approval #	was available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle	Permit Application Date 04/21/2005	cate that no information v	was available to verify con	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile	Permit Application Date 04/21/2005	cate that no information v FBC or MDC Product Approval #	was available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal	Permit Application Date 04/21/2005	cate that no information v FBC or MDC Product Approval #	was available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up	Permit Application Date 04/21/2005	cate that no information v FBC or MDC Product Approval #	was available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane	Permit Application Date 04/21/2005	cate that no information v FBC or MDC Product Approval #	was available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up	Permit Application Date 04/21/2005	cate that no information v FBC or MDC Product Approval #	was available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other A. All roof coverings listed installation OR have a ro B. All roof coverings have a roofing permit application	Permit Application Date 04/21/2005 //	a FBC or Miami-Dade Product a for our after 3/1/2002 OR the roof is a ments of Answer "A" or "	Year of Original Installation or Replacement 2005 duct Approval listing curre the roof is original and built or igninal and built original and built in 1997 or	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other A. All roof coverings listed installation OR have a ro B. All roof coverings have a roofing permit application C. One or more roof covering D. No roof coverings meet to	Permit Application Date 04/21/2005 /	a FBC or Miami-Dade Product on or after 3/1/02 OR the proval listing current at time a 3/1/2002 OR the roof is of ments of Answer "A" or "A" or "B".	Year of Original Installation or Replacement 2005 duct Approval listing curre the roof is original and built ne of installation OR (for the original and built briginal and built briginal and built in 1997 of B".	mpliance for each roof No Information Provided for Compliance			
OR Year of Original Installat covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other A. All roof coverings listed installation OR have a ro B. All roof coverings have a roofing permit application C. One or more roof covering D. No roof coverings meet to	Permit Application Date 04/21/2005	a FBC or Miami-Dade Product Approval # 8797-2 a FBC or Miami-Dade Product on or after 3/1/02 OR to broval listing current at time 3/1/2002 OR the roof is owners of Answer "A" or "A" or "B". sof deck attachment? B) roof sheathing attached acced at 6" along the edge are	Year of Original Installation or Replacement 2005 duct Approval listing curre the roof is original and built ne of installation OR (for the original and built briginal and built briginal and built in 1997 of B".	mpliance for each roof No Information Provided for Compliance			

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	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 fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
V	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 fieldOR- 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)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 common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
	D. Reinforced Concrete Roof Deck.
	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
	Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within side or outside corner of the roof in determination of WEAKEST type)
A.	Toe Nails
	Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
[Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Minimal conditions 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 ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
√ B.	•
_	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 nail position requirements of C or D, but is secured with a minimum of 3 nails.
∐C.	Single Wraps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
D. ∶	Double Wraps
	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 with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
	☐ 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.
	Structural Anchor bolts structurally connected or reinforced concrete roof. Other:
	s WS Property Address 1100-1101 STONEBROOKE LN LAKELAND 33803
	form is valid for up to five (5) years provided no motorial changes have been made to the etuncture or

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.

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	Geometry: What is the roof shape? (Do not consider roofs of porches st structure over unenclosed space in the determination of roof perimeters).						
	A. Hip Roof- Hip roof with no other roof shapes greater than 10 Total length of non-hip features: feet; Total						
	B. Flat Roof- Roof on a building with 5 or more units where at	-	_			roof slo	ne of
	less than 2:12. Roof area with slope less than 2:12 _					_	
	C. Other Roof- Any roof that does not qualify as either (A) or (B) above.					
Secon	dary Water Resistance (SWR): (standard underlayments or hot-mo	pped felts	do not qu	alify as an	SWR)		
s f B. 1	SWR (also called Sealed Roof Deck) Self-adhering polymer modifical sheathing or foam adhesive SWR barrier (not foamed-on insulation) approximate intrusion in the event of roof covering loss. No SWR. Unknown or undetermined.	ed-bitumen pplied as a	roofing suppleme	underlaym ental mean	nent app s to pro	olied direct the	ectly to dwe
upon 1	nine the weakest form of protection for each category of opening. Sec the lowest protection level for ALL Glazed openings and (b) check the applicable.			or all Non-		opening	
O	ning Duntanting Lawel Chart			_			
-	ning Protection Level Chart		Glazed O	penings		Оре	enings
Place a openin form o	ning Protection Level Chart on "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 the st form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Glazed O Garage Doors	Skylights	Glass Block	Entry Doors	Garag Door
Place a openin form o weake	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 the	or Entry	Garage			Entry	Garag Door
Place a openin form o weake	an "X" in each row to identify all forms of protection in use for each ag 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 the st form of protection (lowest row) for Non-Glazed openings.	or Entry	Garage	Skylights	Block	Entry	Gara
Place a openin form o weake N/A	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 the set form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure	or Entry	Garage	Skylights	Block	Entry	Garaş Door
Place a openin form o weake N/A	an "X" in each row to identify all forms of protection in use for each and 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 the set form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	or Entry	Garage	Skylights	Block	Entry	Garaş Door
Place a openin form o weake N/A A	an "X" in each row to identify all forms of protection in use for each an 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 the set form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure 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)	or Entry	Garage	Skylights	Block	Entry	Garaş Door
Place a openin form o weake N/A B C	an "X" in each row to identify all forms of protection in use for each any 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 the est form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure 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) Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330,	or Entry	Garage	Skylights	Block	Entry	Garag Door
Place a openin form o weake N/A A B C	an "X" in each row to identify all forms of protection in use for each ag 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 the est form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure 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) Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance	or Entry	Garage	Skylights	Block	Entry	Garag Door

G. Unknown or unidentified

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	• For Skylights Only: ASTM E 1886 <u>and</u> AST	TM 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 N, o	One or More Non-Glazed openings classified as I r X in the table above	evel D in the table above, and a	no Non-C	Blazed openings classified as Level B, C,	
A.3	One or More Non-Glazed Openings is classified a	as Level B, C, N, or X in the tab	ole above		
are protect product a	eted, at a minimum, with impact resistant covered pproval system of the State of Florida or Mia ressure and Large Missile Impact" (Level B in	verings or products listed as ami-Dade County and meet the table above):	s windbo	orne debris protection devices in the	
	• ASTM E 1886 <u>and</u> ASTM E 1996 (Large M	18811e – 4.5 lb.)			
	 SSTD 12 (Large Missile – 4 lb. to 8 lb.) For Skylights Only: ASTM E 1886 and AST 	TM E 1006 (Lange Missile - 2 to	. 1516)		
☐B.1	 For Skylights Only: ASTM E 1886 <u>and</u> AST All Non-Glazed openings classified as A or B in t 		-	age aviet	
	• •		-		
	One or More Non-Glazed openings classified as I in the table above	Level D in the table above, and i	no Non-C	flazed openings classified as Level C, N,	
B.3	One or More Non-Glazed openings is classified as	s Level C, N, or X in the table a	ibove		
	OSB meeting the requirements of Table 1609.1				
C.1	All Non-Glazed openings classified as A, B, or C	in the table above, or no Non-C	Glazed op	enings exist	
C.2	One or More Non-Glazed openings classified as I the table above	Level D in the table above, and a	no Non-C	Blazed openings classified as Level N or	
protective	One or More Non-Glazed openings is classified as: Opening Protection (unverified shutter system) coverings not meeting the requirements of Areacumentation of compliance (Level N in the ta	tems with no documentationswer "A", "B", or C" or sys	<u>on)</u> All (
N.1	All Non-Glazed openings classified as Level A, B	S, C, or N in the table above, or	no Non-C	Glazed openings exist	
N.2 the tab	One or More Non-Glazed openings classified as I le above	Level D in the table above, and i	no Non-C	Blazed openings classified as Level X in	
N.3	One or More Non-Glazed openings is classified as	s Level X in the table above			
X. None or	Some Glazed Openings One or more Glazed	openings classified and Lev	vel X in t	he table above. CGC003886; HI 4065	
	MITIGATION INSPECTIONS MUST BE C 627.711(2), Florida Statutes, provides				
Qualified Inspector Nat	ne: WILLIAM SEXTON	License Type: General, building, or residential contractor	or	License or Certificate #: CGC003886; HI 4065	
Inspection Company:	W.F. SEXTON, Inc.		Phone: 7	27-776-3832	
Inspectors Initi	als <u>WS</u> Property Address110	00-1101 STONEBROOKE	LN LAKI	ELAND 33803	
	on form is valid for up to five (5) years prov and on the form.	ided no material changes h	ave bee	n made to the structure or	

Page 4 of 5

American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996

Southern Standards Technical Document (SSTD) 12

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

Quantied inspector – I note an active needs as a: (check one)
Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
☐ Building code inspector certified under Section 468.607, Florida Statutes.
General, building or residential contractor licensed under Section 489.111, Florida Statutes.
Professional engineer licensed under Section 471.015, Florida Statutes.
Professional architect licensed under Section 481.213, Florida Statutes.
Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.
I, WILLIAM SEXTON am a qualified inspector and I personally performed the inspection or (licensed
(print name) contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector) and I agree to be responsible for his/her work.
Qualified Inspector Signature:
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.
Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the
residence identified on this form and that proof of identification was provided to me or my Authorized Representative.
Signature: Date: 05/08/2023
An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)
The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.
Inspectors Initials WS Property Address 1100-1101 STONEBROOKE LN LAKELAND 33803

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