Uniform Mitigation Verification Inspection Form

Maintain a copy	of this form and any	documentation prov	vided with the insuran	ce policy		
Inspection Date: 05/08/2023						
Owner Information						
Owner Name: Stonewater Condominium Association, Inc			Contact Person:			
Address: 1137-1139 STONEBROOK LN LAKELAND 33803			Home Phone:			
City: LAKELAND	Zip: 33803	Wo	rk Phone:			
County: POLK		Cel	l Phone:			
Insurance Company:		Poli	icy #:			
Year of Home: 1996	# of Stories: 2	Em				
NOTE: Any documentation used in accompany this form. At least one performs though 7. The insurer may ask add 1. Building Code: Was the structure	photograph must accomitional questions regard	npany this form to valid ling the mitigated featu	late each attribute markere(s) verified on this form	ed in questions 3 m.		
the HVHZ (Miami-Dade or Brown	ard counties), South Flori	ida Building Code (SFBC	C-94)?			
	with the FBC: Year Built 2002: Building Permit A		s built in 2002/2003 provi	de a permit application		
			ilt For homes but Permit Application Date			
C. Unknown or does no	ot meet the requirements	of Answer "A" or "B"				
			1-4- OD EDC/MDC D	.d		
 Roof Covering: Select all roof co OR Year of Original Installation/ covering identified. 						
OR Year of Original Installation/				mpliance for each roof No Information Provided for		
OR Year of Original Installation/	Replacement OR indicat	te that no information w	vas available to verify con	mpliance for each roof		
OR Year of Original Installation/covering identified. 2.1 Roof Covering Type:	Replacement OR indicate Permit Application Date	te that no information w	vas available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance		
OR Year of Original Installation/covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle	Permit Application Date	te that no information w	vas available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance		
OR Year of Original Installation/covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile	Replacement OR indicate Permit Application Date	te that no information w	vas available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance		
OR Year of Original Installation/covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal	Permit Application Date	te that no information w	vas available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance		
OR Year of Original Installation/covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up	Permit Application Date	te that no information w	vas available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance		
OR Year of Original Installation/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	FBC or Miami-Dade Processon or after 3/1/2002 OR the roof is of ents of Answer "A" or "1	vas available to verify con Year of Original Installation or Replacement 2011 2011 duct Approval listing currence roof is original and builted of installation OR (for the original and built in 1997 or	npliance for each roof No Information Provided for Compliance		
OR Year of Original Installation/covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other B. All roof coverings listed above installation OR have a roofin B. All roof coverings have a Miroofing permit application aff C. One or more roof coverings meet the roof. 3. Roof Deck Attachment: What is to the covering of the cov	Permit Application Date	FBC or Miami-Dade Product Approval # FBC or Miami-Dade Product Approv	Year of Original Installation or Replacement 2011 duct Approval listing currence roof is original and builte of installation OR (for the original and built in 1997 of B".	npliance for each roof No Information Provided for Compliance		
OR Year of Original Installation/covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other B. All roof coverings listed above installation OR have a roofin most allation of coverings have a Miroofing permit application affile. C. One or more roof coverings of the coverings meet the results. 3. Roof Deck Attachment: What is the coverings of the coverings meet the results.	Permit Application Date	FBC or Miami-Dade Product Approval # FBC or Miami-Dade Product Approval # FBC or Miami-Dade Product Approval isting current at time by 1/2002 OR the roof is content of Answer "A" or "B". Face deck attachment?	vas available to verify con Year of Original Installation or Replacement 2011 2011 duct Approval listing currence roof is original and builted of installation OR (for the original and built in 1997 or	npliance for each roof No Information Provided for Compliance		
OR Year of Original Installation/covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other B. All roof coverings listed above installation OR have a roofin most allation of coverings have a Miroofing permit application affile. C. One or more roof coverings of the coverings meet the results. 3. Roof Deck Attachment: What is the coverings of the coverings meet the results.	Permit Application Date	FBC or Miami-Dade Product Approval # FBC or Miami-Dade Product 3/1/02 OR the roal listing current at time 3/1/2002 OR the roaf is of ents of Answer "A" or "B". Face of Sheathing attached and at 6" along the edge at 6"	Year of Original Installation or Replacement 2011 duct Approval listing currence roof is original and builted of installation OR (for the original and built and built original and built in 1997 of B".	npliance 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 a 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:
$\overline{\Box}$	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)
	Toe Nails
Γ	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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
<u></u> 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, or 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
Γ	☐ 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 1137-1139 STONEBROOK LN LAKELAND 33803
pectors initial	
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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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	H. No attic access						
	Geometry: What is the roof shape? (Do not consider roofs of porchest 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 o	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 and 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 prot	olied direct the	ectly to dwe
detern upon t .3) as	ing Protection: What is the weakest form of wind borne debris proning the weakest form of protection for each category of opening. Secutive lowest protection level for ALL Glazed openings and (b) check that applicable.	ond, (a) ch	eck one a	nswer belo	ow (A, I	B, C, N, o opening	or X) b gs (.1, .
One	ning Protection Level Chart	Non-Glazed Glazed Openings Openings					
-	-						
Place a openin form o	on "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.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garag Doors
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		Block	Entry	Garag Door
Place a openin orm 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		Entry	Garag Door
Place a openin orm 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		Block	Entry	Garag Door
Place a openin orm 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		Block	Entry	Garag Door
Place appeninform of weake	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		Block	Entry	Garag Door
Place appening of the population of the populati	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		Block	Entry	Garag 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 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		Block	Entry	Garag

G. Unknown or unidentified

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•	For Skylights Only: ASTM E 1886 and AST	M E 1996			
	For Garage Doors Only: ANSI/DASMA 115				
A.1 A	A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist				
	One or More Non-Glazed openings classified as L as in the table above	evel D in the table above, and a	no Non-G	Blazed openings classified as Level B, C,	
A.3 (One or More Non-Glazed Openings is classified a	s Level B, C, N, or X in the tab	ole above		
are protecte product app "Cyclic Pres	Opening Protection- Cyclic Pressure and 4 ed, at a minimum, with impact resistant covoroval system of the State of Florida or Mia ssure and Large Missile Impact" (Level B in	rerings or products listed as mi-Dade County and meet the table above):	s windbo	orne debris protection devices in the	
•	TISTINI E 1000 and TISTINI E 1990 (Earge IVI	issile – 4.5 lb.)			
	SSIB 12 (Zange Missine — Her te e tel)	DATE 1006 (T	4.5.11. \		
•	Tor skynghts omy. HSTM E 1000 and HST		-		
Η.,	All Non-Glazed openings classified as A or B in the		-		
	One or More Non-Glazed openings classified as L the table above	evel D in the table above, and a	no Non-G	lazed 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		
	Opening Protection- Wood Structural				
_	B meeting the requirements of Table 1609.1.	.2 of the FBC 2007 (Level C	ın ıne u	able above).	
	All Non-Glazed openings classified as A, B, or C		-	_	
	One or More Non-Glazed openings classified as L e table above	evel D in the table above, and a	no Non-G	ilazed openings classified as Level N or	
N. Exterior C	One or More Non-Glazed openings is classified as Opening Protection (unverified shutter systom overings not meeting the requirements of An umentation of compliance (Level N in the talk)	tems with no documentation swer "A", "B", or C" or sys	on) All (
N.1	All Non-Glazed openings classified as Level A, B	, C, or N in the table above, or	no Non-C	Glazed openings exist	
N.2 the table	One or More Non-Glazed openings classified as L above	evel D in the table above, and a	no Non-G	ilazed openings classified as Level X in	
N.3 (One or More Non-Glazed openings is classified as	Level X in the table above			
X. None or S	ome 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 Name:	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 Initials	s <u>WS</u> Property Address1	137-1139 STONEBROOK	LN LAK	ELAND 33803	
*This verification inaccuracies foun	form is valid for up to five (5) years provid on the form.	ided no material changes h	ave bee	n made to the structure or	

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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

Qualified Inspector – I note an active license 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.
<u>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.</u>
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: Date: 05/08/2023
Quanticu Inspection Signature
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is
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.
Homogymon to complete I contify that the named Ovelified Inspector on his on hon ampleyed did not form an inspection of the
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: D5/08/2023
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 1137-1139 STONEBROOK LN LAKELAND 33803
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