Uniform Mitigation Verification Inspection Form

Maintain a copy	of this form and an	iy documentation prov	vided with the insuran	ce policy	
Inspection Date: 05/08/2023					
Owner Information					
Owner Name: Stonewater Condominium Association, Inc			Contact Person:		
Address: 3100-3102 STONEWATER	R DR LAKELAND FL 3	3803 Hor	ne Phone:		
City: LAKELAND	Zip: 33803	Wo	rk Phone:		
County: POLK		Cel	l Phone:		
Insurance Company:		Pol	icy #:		
Year of Home: 1997	# of Stories: 2				
NOTE: Any documentation used in accompany this form. At least one performs though 7. The insurer may ask addit 1. Building Code: Was the structure	photograph must acco itional questions regar built in compliance wi	mpany this form to valid ding the mitigated featu ith the Florida Building C	late each attribute markere(s) verified on this formode (FBC 2001 or later) O	ed in questions 3 m.	
the HVHZ (Miami-Dade or Browa	ard counties), South Flo	rida Building Code (SFB0	C-94)?		
		lt For home Application Date (MM/DD/YY	s built in 2002/2003 provid	de a permit application	
			ilt For homes bug Permit Application Date		
C. Unknown or does no	ot meet the requirement	s of Answer "A" or "B"			
2. Roof Covering: Select all roof co		vide the permit application	on date OR FBC/MDC Pro	duct Approval number	
OR Year of Original Installation/l	Replacement OR indic	ate that no information w	vas available to verify con	mpliance for each roof	
OR Year of Original Installation/	Replacement OR indic Permit Application Date	ate that no information w FBC or MDC Product Approval #	vas available to verify con Year of Original Installation or Replacement	No Information Provided for	
OR Year of Original Installation/I covering identified. 2.1 Roof Covering Type:	Permit Application	FBC or MDC	Year of Original Installation or	No Information Provided for Compliance	
OR Year of Original Installation/I covering identified.	Permit Application	FBC or MDC	Year of Original Installation or	No Information Provided for	
OR Year of Original Installation/I covering identified. 2.1 Roof Covering Type:	Permit Application Date	FBC or MDC	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original Installation/I covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle	Permit Application Date	FBC or MDC	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original Installation/I covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile	Permit Application Date	FBC or MDC	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original Installation/I covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal	Permit Application Date / /2022 / / /	FBC or MDC	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original Installation/I covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Shingle 2. Concrete/Clay Tile 3. Metal 4. Built Up	Permit Application Date / /2022 / / /	FBC or MDC	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original Installation/I 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 MDC Product Approval # FBC or Miami-Dade Prote on or after 3/1/02 OR the roval listing current at tim 3/1/2002 OR the roof is conents of Answer "A" or "	Vear of Original Installation or Replacement 2022 duct Approval listing currence roof is original and builted of installation OR (for the original and built in 1997 original and built in 1997 original and built in 1997 or	No Information Provided for Compliance	
OR Year of Original Installation/I 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 roofing permit application after coofing permit application after C. One or more roof coverings meet the roof. 3. Roof Deck Attachment: What is to the covering of the coveri	Permit Application Date	FBC or MDC Product Approval # FBC or Miami-Dade Prote on or after 3/1/02 OR throval listing current at tim 3/1/2002 OR the roof is coments of Answer "A" or "B".	Vear of Original Installation or Replacement 2022 duct Approval listing currence roof is original and builte of installation OR (for the original and built in 1997 of B".	No Information Provided for Compliance	
OR Year of Original Installation/I 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 roofing permit application after coofing permit application after C. One or more roof coverings meet the roof. 3. Roof Deck Attachment: What is to A. Plywood/Original Covering Identification Installation In	Permit Application Date	FBC or MDC Product Approval # FBC or Miami-Dade Prote on or after 3/1/02 OR throval listing current at tim 3/1/2002 OR the roof is coments of Answer "A" or "B". of deck attachment? B) roof sheathing attached	Vear of Original Installation or Replacement 2022 duct Approval listing currence roof is original and builted of installation OR (for the original and built in 1997 original and built in 1997 original and built in 1997 or	No Information Provided for Compliance	
OR Year of Original Installation/I 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 roofing permit application after coofing permit application after C. One or more roof coverings meet the roof. 3. Roof Deck Attachment: What is to A. Plywood/Original Covering Identification Installation In	Permit Application Date	FBC or MDC Product Approval # FBC or Miami-Dade Prote on or after 3/1/02 OR the roval listing current at tim 3/1/2002 OR the roof is coments of Answer "A" or "A" or "B". of deck attachment? B) roof sheathing attached the deck at 6" along the edge and at 6" along the edge at 6" alon	duct Approval listing currence roof is original and builted in 1997 of B".	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 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 least 103 psf.
	C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced 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 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 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.
4 Roof to W	all Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within
	e inside 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.
V	3. 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 na position requirements of C or D, but is secured with a minimum of 3 nails.
	 Single Wraps ☐ 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.
	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
	☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on bot 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:
	tials WS Property Address 3100-3102 STONEWATER DR LAKELAND FL 33803
-	
.t.mm • • • • •	ion form is valid for un to five (5) years provided no material changes have been made to the structure 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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	H. No attic access						
	f Geometry: What is the roof shape? (Do not consider roofs of porche nost structure over unenclosed space in the determination of roof perim						
	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	least 90%	of the ma	in roof are	a has a	roof slop	pe of
	less than 2:12. Roof area with slope less than 2:12	Se	q ft; Tota	l roof area		sq	ft
	C. Other Roof- Any roof that does not qualify as either (A) or (B) above.					
6. <u>Seco</u>	ondary Water Resistance (SWR): (standard underlayments or hot-mo	pped felts	do not qu	alify as an	SWR)		
 В.	SWR (also called Sealed Roof Deck) Self-adhering polymer modifical sheathing or foam adhesive SWR barrier (not foamed-on insulation) agrow water intrusion in the event of roof covering loss. No SWR. Unknown or undetermined.						ectly to th dwellin
deter	ening Protection: What is the <u>weakest</u> form of wind borne debris protection the weakest form of protection for each category of opening. Sec in the lowest protection level for ALL Glazed openings and (b) check the samplicable.	ond, (a) ch	eck one a	nswer belo	ow (A, I	3, C, N,	or X) base
Op	ening Protection Level Chart		Glazed O	penings			Glazed
Place open form	e an "X" in each row to identify all forms of protection in use for each ning 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 kest 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	Doors		×	~		~
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)		•		×		X
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)		•			-	
c	Verified elyene pressure a range missile (4 o is for windows adors) 2 is for skyingins) 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 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		1				
х	No Windborne Debris Protection	×	×			×	
└	Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb fo			ll Glazed	onenino	,	otected at
n sy	ninimum, with impact resistant coverings or products listed as wind borystem of the State of Florida or Miami-Dade County and meet the required Large Missile Impact" (Level A in the table above).	ne debris p	rotection	devices ir	the pro	duct ap	proval
	 Miami-Dade County PA 201, 202, <u>and</u> 203 						
	 Florida Building Code Testing Application Standard (TAS) 20 	·					
Inspect	ors Initials WS Property Address 3100-3102 STO	NEWATER	DR LAK	ELAND FI	_ 33803	3	_
	erification form is valid for un to five (5) years provided no materi						

G. Unknown or unidentified

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	• For Skylights Only: ASTM E 1886 <u>and</u> AST	M E 1996		
<u></u> ,	• For Garage Doors Only: ANSI/DASMA 115			
A.1	All Non-Glazed openings classified as A in the tal	ble above, or no Non-Glazed op	enings ex	xist
A.2	One or More Non-Glazed openings classified as I r X in the table above	evel D in the table above, and r	no Non-G	Glazed 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	le above	
are protect product a	Opening Protection- Cyclic Pressure and 4 eted, at a minimum, with impact resistant coxpproval system of the State of Florida or Mia ressure and Large Missile Impact" (Level B in	verings or products listed as mi-Dade County and meet	s windbo	orne debris protection devices in the
	• ASTM E 1886 <u>and</u> ASTM E 1996 (Large M	issile – 4.5 lb.)		
	• SSTD 12 (Large Missile – 4 lb. to 8 lb.)			
	• For Skylights Only: ASTM E 1886 <u>and</u> AST	M E 1996 (Large Missile - 2 to	4.5 lb.)	
B.1	All Non-Glazed openings classified as A or B in t	he table above, or no Non-Glaz	ed openir	ngs exist
B.2 or X	One or More Non-Glazed openings classified as L in the table above	evel D in the table above, and t	no Non-G	Glazed 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	ıbove	
C. Exterio	r Opening Protection- Wood Structural	Panels meeting FBC 200	<u>07</u> All	Glazed openings are covered with
plywood/C	OSB meeting the requirements of Table 1609.1	.2 of the FBC 2007 (Level C	in the ta	able above).
C.1	All Non-Glazed openings classified as A, B, or C	in the table above, or no Non-G	ilazed op	enings exist
C.2 	One or More Non-Glazed openings classified as I the table above	Level D in the table above, and r	no Non-G	Glazed openings classified as Level N or
protective with no de N.1 N.2 the tab	One or More Non-Glazed openings is classified as Opening Protection (unverified shutter system) coverings not meeting the requirements of Argocumentation of compliance (Level N in the talk All Non-Glazed openings classified as Level A, Bone or More Non-Glazed openings classified as Level above One or More Non-Glazed openings is classified as Come or More Non-Glazed openings of the state of t	tems with no documentation aswer "A", "B", or C" or system above). 5, C, or N in the table above, or a cevel D in the table above, and a second to the table above.	on) All Catems that no Non-Cano Non-Cano Non-Cano	at appear to meet Answer "A" or "B" Glazed openings exist Glazed openings classified as Level X in
<u>. </u>				CGC003886; HI 4065
	MITIGATION INSPECTIONS MUST BE C 627.711(2), Florida Statutes, provides			
Qualified Inspector Nat	ne: WILLIAM SEXTON	License Type: General, building, c 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 Address310	00-3102 STONEWATER DF	R LAKEL	AND FL 33803
	on form is valid for up to five (5) years provind 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

Qualified Inspector – I hold 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
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.
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 3100-3102 STONEWATER DR LAKELAND FL 33803
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