Uniform Mitigation Verification Inspection Form

Maintain a copy	y of this form and ar	y documentation prov	ided with the insuran	ice policy	
Inspection Date: 05/08/2023					
Owner Information					
Owner Name: Stonewater Condominium Association, Inc			Contact Person:		
Address: 3120-3122 STONEWATE	R DR LAKELAND 338	O3 Hon	ne Phone:		
City: LAKELAND	Zip: 33803	Wor	k Phone:		
County: POLK		Cell	Phone:		
Insurance Company:		Poli	cy #:		
Year of Home: 1994	# of Stories: 2				
NOTE: Any documentation used is accompany this form. At least one though 7. The insurer may ask add 1. <u>Building Code</u> : Was the structure	photograph must acco ditional questions rega	mpany this form to valid rding the mitigated featur	ate each attribute mark re(s) verified on this for	ed in questions 3 m.	
the HVHZ (Miami-Dade or Brow	vard counties), South Flo	orida Building Code (SFBC	2-94)?		
		ilt For homes Application Date (MM/DD/YYY		de a permit application	
		ith the SFBC-94: Year Buite after 9/1/1994: Building			
C. Unknown or does r	not meet the requiremen	ts of Answer "A" or "B"			
<u> </u>		ovide the permit application	n date OR FBC/MDC Pro	oduct Approval number	
OR Year of Original Installation covering identified.	/Replacement OR indic		•	mpliance for each roof	
OR Year of Original Installation covering identified.		ate that no information W FBC or MDC Product Approval #	as available to verify con Year of Original Installation or Replacement	mpliance for each roof No Information Provided for	
OR Year of Original Installation	/Replacement OR indic	FBC or MDC	Year of Original Installation or	mpliance for each roof	
OR Year of Original Installation covering identified. 2.1 Roof Covering Type:	Permit Application Date 04/14/2023	FBC or MDC Product Approval #	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 04/14/2023	FBC or MDC Product Approval #	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	Permit Application Date 04/14/2023	FBC or MDC Product Approval #	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 04/14/2023	FBC or MDC Product Approval #	Year of Original Installation or Replacement	mpliance for each roof No Information Provided for Compliance	
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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 04/14/2023 /// Ove meet the FBC with a ng permit application data diami-Dade Product App fter 9/1/1994 and before do not meet the requires	FBC or MDC Product Approval # 02893 FBC or Miami-Dade Product on or after 3/1/02 OR the roval listing current at time 3/1/2002 OR the roof is onents of Answer "A" or "Example of The Product of The Pr	Year of Original Installation or Replacement 2023 Luct Approval listing curre e roof is original and built e of installation OR (for the riginal and built in 1997 or	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 6. Other A. All roof coverings listed aborinstallation OR have a roofing B. All roof coverings have a M roofing permit application a C. One or more roof coverings	Permit Application Date 04/14/2023 //	FBC or MDC Product Approval # 02893 FBC or Miami-Dade Producte on or after 3/1/02 OR the roval listing current at time 3/1/2002 OR the roof is ownents of Answer "A" or "E" "A" or "B".	Year of Original Installation or Replacement 2023 Luct Approval listing curre e roof is original and built e of installation OR (for the riginal and built in 1997 or	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 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 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 maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
	D. Reinforced Concrete Roof Deck.
$\overline{\Box}$	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
4 Poof to Well	Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within
	nside or outside corner of the roof in determination of WEAKEST type)
ΠA.	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 nai 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, 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
I	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:
	ls WS Property Address 3120-3122 STONEWATER DR LAKELAND 33803
mspectors mitta	5 120-3122 STONEWAIEN UN LANELAND 33003
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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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	Geometry: What is the roof shape? (Do not consider roofs of porches st structure over unenclosed space in the determination of roof perimed. 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 less than 2:12. Roof area with slope less than 2:12_	eter or roof 0% of the to roof system least 90% of	farea for otal roof an periment of the ma	roof geom system per ter:	rimeterfeet ea has a	ssification	on).
	C. Other Roof- Any roof that does not qualify as either (A) or (B) above.					
70	dary Water Resistance (SWR): (standard underlayments or hot-mo		_	-			
sl fr B. N	WR (also called Sealed Roof Deck) Self-adhering polymer modification or foam adhesive SWR barrier (not foamed-on insulation) approximate intrusion in the event of roof covering loss. No SWR. Unknown or undetermined.	ed-ontumen oplied as a s	suppleme	underiayn ental mean	s to prot	tect the	dwe
determ upon tl	ng Protection: What is the weakest form of wind borne debris protein the weakest form of protection for each category of opening. Second level for ALL Glazed openings and (b) check that applicable.	ond, (a) ch	eck one a	nswer belo	ow (A, I	B, C, N, opening	or X) b gs (.1, .
-	ning Protection Level Chart		Glazed O	penings			Glazed enings
opening form of	n "X" in each row to identify all forms of protection in use for each g type. Check only one answer below (A thru X), based on the weakest f 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
N/A	Not Applicable- there are no openings of this type on the structure		<u> </u> 	×	×		X
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						• •
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						
-	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						1
U		4					
D N	Other protective coverings that cannot be identified as A, B, or C						

G. Unknown or unidentified

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Inspectors Initials WS	Property Address 312	20-3122 STONEWATER [DRIAKEI AND 33803
Inspection Company: W.F. S	SEXTON, Inc.		Phone: 727-776-3832
Qualified Inspector Name: WILI	LIAM SEXTON	License Type: General, building, residential contractor	License or Certificate #: CGC003886; HI 4065
	ATION INSPECTIONS MUST BE C 7.711(2), Florida Statutes, provides	a listing of individuals wh	ho may sign this form.
	ized Openings One or more Glazed		evel X in the table above.
	ore Non-Glazed openings is classified as	Level X in the table above	
N.2 One or Mo	ore Non-Glazed openings classified as L	evel D in the table above, and	d no Non-Glazed openings classified as Level X in
N.1 All Non-C	Glazed openings classified as Level A, B	C, or N in the table above, or	or no Non-Glazed openings exist
protective coverings	The state of the s	swer "A", "B", or C" or sy	tion) All Glazed openings are protected with ystems that appear to meet Answer "A" or "B
C.3 One or Mo	ore Non-Glazed openings is classified as	Level N or X in the table abo	pove
C.2 One or Mo		evel D in the table above, and	d no Non-Glazed openings classified as Level N or
=	Glazed openings classified as A, B, or C	in the table above, or no Non-	n-Glazed openings exist
	ng the requirements of Table 1609.1.		
	• •		2007 All Glazed openings are covered wi
	ore Non-Glazed openings is classified as	Level C. N. or X in the table	e ahove
B.2 One or Mo		evel D in the table above, and	d no Non-Glazed openings classified as Level C, N
B.1 All Non-C	Glazed openings classified as A or B in the	ne table above, or no Non-Gla	azed openings exist
	Skylights Only: ASTM E 1886 <u>and</u> AST	M E 1996 (Large Missile - 2 t	to 4.5 lb.)
	M E 1886 <u>and</u> ASTM E 1996 (Large Mi D 12 (Large Missile – 4 lb. to 8 lb.)	SSIIe – 4.3 Ib.)	
product approval sy "Cyclic Pressure and	stem of the State of Florida or Mia: d Large Missile Impact" (Level B in	mi-Dade County and meet the table above):	et the requirements of one of the following for
			4.5 lb for skylights only) All Glazed opening as windborne debris protection devices in the
A.3 One or Mo	ore Non-Glazed Openings is classified a	s Level B, C, N, or X in the ta	able above
A.2 One or Mo		evel D in the table above, and	d no Non-Glazed openings classified as Level B, C
A.1 All Non-C	Glazed openings classified as A in the tab	le above, or no Non-Glazed o	openings exist
• For C	Garage Doors Only: ANSI/DASMA 115		
	Skylights Only: ASTM E 1886 and AST	M E 1996	
	nern Standards Technical Document (SS	,	

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

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:
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.
Γ
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: Date:
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 3120-3122 STONEWATER DR LAKELAND 33803

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