## Uniform Mitigation Verification Inspection Form

Maintain a cop	by of this form and a	ny documentation prov	ided with the insuran	ice policy		
Inspection Date: 05/08/2023						
Owner Information						
Owner Name: Stonewater Condominium Association, Inc			Contact Person:			
Address: 3134-3136 STONEWATER DR LAKELAND 33803			Home Phone:			
City: LAKELAND	·			one:		
County: POLK		Cell	Phone:			
Insurance Company:		Poli	ey #:			
Year of Home: 1994	# of Stories: 2					
NOTE: Any documentation used accompany this form. At least one though 7. The insurer may ask ad 1. <u>Building Code</u> : Was the structure.	e photograph must according to the photograph must according to th	ompany this form to validarding the mitigated feature with the Florida Building Co	ate each attribute mark re(s) verified on this form de (FBC 2001 or later) C	ed in questions 3 m.		
the HVHZ (Miami-Dade or Brow	ward counties), South Fl	orida Building Code (SFBC	-94)?			
		ilt For homes Application Date (MM/DD/YYY		de a permit application		
		vith the SFBC-94: Year Bui ate after 9/1/1994: Building				
C. Unknown or does	not meet the requiremen	nts of Answer "A" or "B"				
		ovide the permit application	n date OR FBC/MDC Pro	oduct Approval number		
OR Year of Original Installation covering identified.	_					
OR Year of Original Installation covering identified.	n/Replacement OR indi- Permit Application Date	cate that no information W.  FBC or MDC  Product Approval #	as available to verify con Year of Original Installation or Replacement	No Information Provided for		
OR Year of Original Installation	Permit Application	FBC or MDC	Year of Original Installation or	No Information		
OR Year of Original Installation covering identified.  2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	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	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	FBC or MDC Product Approval #	Year of Original Installation or Replacement	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  04/14/2023 //	FBC or MDC Product Approval #	Year of Original Installation or Replacement	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	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 about installation OR have a roof  B. All roof coverings have a Membrane	Permit Application Date  04/14/2023 ////  pove meet the FBC with ling permit application do Miami-Dade Product Applafter 9/1/1994 and befores do not meet the requires	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 or ements of Answer "A" or "E	Year of Original Installation or Replacement  2023  uct Approval listing currer roof is original and built of installation OR (for the riginal and built in 1997 or	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 about installation OR have a roof  B. All roof coverings have a Moroofing permit application are confined permit application are confined by the coverings meet the covering meet the	Permit Application Date  04/14/2023 /_/	a FBC or Miami-Dade Product Approval #  BLD23-02894  a FBC or Miami-Dade Product at the control of the proval listing current at time to a 3/1/2002 OR the roof is one to the control of t	Year of Original Installation or Replacement  2023  uct Approval listing curre roof is original and built of installation OR (for the riginal and built in 1997 of 3".	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 about installation OR have a roof most application of the covering permit application of the coverings meet the second of the covering meet the second of the cover	Permit Application Date  04/14/2023 /_//  Dove meet the FBC with ing permit application data diami-Dade Product Application definition of the product of the requirements of Answers the weakest form of reprinted strand board (OS)	a FBC or Miami-Dade Product Approval #  BLD23-02894  a FBC or Miami-Dade Product at the proval listing current at time to a 3/1/2002 OR the roof is one to the semants of Answer "A" or "Entry "A" or "B".	Year of Original Installation or Replacement  2023  uct Approval listing currer roof is original and built of installation OR (for the riginal and built in 1997 of 3".	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 about installation OR have a roof most application of the covering permit application of the coverings meet the second of the covering meet the second of the cover	Permit Application Date  04/14/2023 /_/	a FBC or Miami-Dade Product Approval #  BLD23-02894  a FBC or Miami-Dade Product at the constant of the proval listing current at time a 3/1/2002 OR the roof is one that of Answer "A" or "Entra "A" or "B".  The constant of	Year of Original Installation or Replacement  2023  uct Approval listing curre e roof is original and built of installation OR (for the riginal and built in 1997 of 3".	No Information Provided for Compliance		

<sup>\*</sup>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.

	<b>B.</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.
<b>V</b>	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 Wall	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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.
<b>√</b> 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 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 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 3117-3119 STONEWATER DR LAKELAND 33803
mapeetoi a mittai	
*This verification	g 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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	_						
	Geometry: What is the roof shape? (Do not consider roofs of porchest structure over unenclosed space in the determination of roof perimental part of the control of the con						
	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	oe of
	less than 2:12. Roof area with slope less than 2:12 _	So				_	
	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)		
B. 1	SWR (also called Sealed Roof Deck) Self-adhering polymer modifications or foam adhesive SWR barrier (not foamed-on insulation) approximates intrusion in the event of roof covering loss.  No SWR.  Unknown or undetermined.	ed-bitumen oplied as a	roofing suppleme	underlaym ental mean	nent app s to pro	olied direct the	ectly to dwe
ipon 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.		on level f	or all Non-		opening	gs (.1,
_		Glazed Openings Non-Glazed Openings					
-	ning Protection Level Chart		Glazed O	penings		Ope	enings
Place a openir form o	ning Protection Level Chart  an "X" in each row to identify all forms of protection in use for each ang 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 openir 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 openir 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	Block	Entry	Garaş Door
Place a openin orm 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 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 openir 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 openir 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	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 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 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 openir 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

G. Unknown or unidentified

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	• For Skylights Only: ASTM E 1886 <u>and</u> AST	TM E 1996				
<u></u> ,	• 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	One or More Non-Glazed openings classified as I r X in the table above	Level D in the table above, and	no Non-C	Glazed 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	• Opening Protection- Cyclic Pressure and 4 cted, at a minimum, with impact resistant compproval 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 and AST	TM E 1996 (Large Missile - 2 to	4.5 lb.)			
<u></u> B.1	All Non-Glazed openings classified as A or B in t	he table above, or no Non-Glaz	ed openii	ngs exist		
B.2 or X	One or More Non-Glazed openings classified as I in the table above	Level D in the table above, and	no Non-C	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	above			
	or Opening Protection- Wood Structural					
plywood/C	OSB meeting the requirements of Table 1609.1	.2 of the FBC 2007 (Level C	in the t	able above).		
∐C.1	All Non-Glazed openings classified as A, B, or C		-	-		
C.2	One or More Non-Glazed openings classified as I the table above	Level D in the table above, and	no Non-C	Glazed 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 Arocumentation of compliance (Level N in the tax	tems with no documentationswer "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	One or More Non-Glazed openings classified as I le above	Level D in the table above, and	no Non-C	Glazed 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	the 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 Address	3117-3119 STONEWATE	R DR L	AKELAND 33803		
	on form is valid for up to five (5) years prov	ided no material changes h	ave bee	en 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

Quantied inspector – I note an active needse 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.
<b>Signature: Date:</b> 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 3117-3119 STONEWATER DR LAKELAND 33803

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