Uniform Mitigation Verification Inspection Form

<u>Mainta</u>	in a copy of this form	and any documentation p	rovided with the insurar	nce policy		
Inspection Date: 05/08/20)23					
Owner Information						
Owner Name: Stonewate	er Condominium Associat	ion, Inc	Contact Person:			
Address: 3209-3215 ST0	ONEWATER DR LAKELAN	ID FL 33803	Home Phone:			
City: LAKELAND	Zip: 33	803	Work Phone:			
County: POLK		(Cell Phone:			
Insurance Company:		I	Policy #:			
Year of Home: 1987	# of Sto		Email:			
accompany this form. At though 7. The insurer ma 1. <u>Building Code</u> : Was to	t least one photograph mu ay ask additional question he structure built in compli	compliance or existence of east accompany this form to vans regarding the mitigated featance with the Florida Building	alidate each attribute mark ature(s) verified on this for Code (FBC 2001 or later) C	xed in questions 3 cm.		
the HVHZ (Miami-Dad	le or Broward counties), So	outh Florida Building Code (SF	FBC-94)?			
		ear Built For hor Permit Application Date (MM/DD		ide a permit application		
1996 prov		ance with the SFBC-94: Year ith a date after 9/1/1994: Build				
C. Unknow	n or does not meet the reau	irements of Answer "A" or "B	,,			
		use. Provide the permit applica	ation date OR FBC/MDC Pro	oduct Approval number		
	nstallation/Replacement O			-		
OR Year of Original I covering identified.	nstallation/Replacement O Permit Application Date	R indicate that no information FBC or MDC Product Approval #	1 was available to verify co Year of Original Installation or Replacement	ompliance for each roof No Information Provided for Compliance		
OR Year of Original I	Permit Application Date	FBC or MDC	Year of Original Installation or	No Information Provided for		
OR Year of Original I 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 Is covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh	Permit Application Date 04/27/2018	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
OR Year of Original Is covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile	Permit Application Date $\underline{04/27/2018}$	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
OR Year of Original Is covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile 3. Metal	Permit Application Date 1.	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
OR Year of Original Is covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile 3. Metal 4. Built Up	Permit Application Date 1.	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
OR Year of Original Is covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other A. All roof coverings installation OR ha B. All roof coverings roofing permit app C. One or more roof	Permit Application Date 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	E with a FBC or Miami-Dade Fation date on or after 3/1/02 OF att Approval listing current at 1 before 3/1/2002 OR the roof frequirements of Answer "A" o	Year of Original Installation or Replacement 2018 Product Approval listing curred the roof is original and builtime of installation OR (for the soriginal and built in 1997)	No Information Provided for Compliance		
OR Year of Original Is covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other A. All roof coverings installation OR ha B. All roof coverings roofing permit app C. One or more roof	Permit Application Date 1. Da	E with a FBC or Miami-Dade Fation date on or after 3/1/02 OF act Approval listing current at a before 3/1/2002 OR the roof is requirements of Answer "A" or "B".	Year of Original Installation or Replacement 2018 Product Approval listing curred the roof is original and builtime of installation OR (for the soriginal and built in 1997)	No Information Provided for Compliance		
OR Year of Original Is covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other A. All roof coverings installation OR ha B. All roof coverings roofing permit app C. One or more roof D. No roof coverings 3. Roof Deck Attachment	Permit Application Date 1. March 19 Permit Application Date Dive a roofing permit application after 9/1/1994 and polication after 9/1/1994 and coverings do not meet the requirements of anti-covering the requirement the req	E with a FBC or Miami-Dade Fation date on or after 3/1/02 OF act Approval listing current at a before 3/1/2002 OR the roof is requirements of Answer "A" or "B".	Product Approval listing currence of installation or Replacement 2018 Product Approval listing currence the roof is original and builtime of installation OR (for the is original and built in 1997 or "B".	No Information Provided for Compliance		
OR Year of Original Is covering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile 3. Metal 4. Built Up 5. Membrane 6. Other A. All roof coverings installation OR ha B. All roof coverings roofing permit app C. One or more roof D. No roof coverings 3. Roof Deck Attachment	Permit Application Date 1. January 1. Janua	E with a FBC or Miami-Dade Fation date on or after 3/1/02 OF act Approval listing current at 1 before 3/1/2002 OR the roof it requirements of Answer "A" or "B". In of roof deck attachment? In of roof deck attachment? In of roof deck attachment attachment (OSB) roof sheathing attachments spaced at 6" along the edge	Product Approval listing currence of installation or Replacement 2018 Product Approval listing currence the roof is original and builtime of installation OR (for the is original and built in 1997 or "B".	No Information Provided for Compliance Co		

^{*}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. 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:
	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 uside 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 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
[☐ 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:
	Is WS Property Address 3209-3215 STONEWATER DR LAKELAND FL 33803
mspectors mittal	5203-52 TO STONEWATER OR LANGLAND FE 55005
*This verification	n 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.

^{*}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.

	H. No attic access						
	Geometry: What is the roof shape? (Do not consider roofs of porches st structure over unenclosed space in the determination of roof perimental part of the control of the c						
	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	ea has a	roof slo	pe 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	ndary Water Resistance (SWR): (standard underlayments or hot-mo	pped felts	do not qu	alify as an	SWR)		
B. 1	SWR (also called Sealed Roof Deck) Self-adhering polymer modificular sheathing 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 pplied as a	roofing suppleme	underlayn ental mean	nent app s to pro	olied dir tect the	ectly to dwe
ipon (3) as	the lowest protection level for ALL Glazed openings and (b) check the applicable.		on level f	or all Non		opening	
-	ning Protection Level Chart an "X" in each row to identify all forms of protection in use for each		Glazed O	penings			enings
	ng type. Check only one answer below (A thru X), based on the weakest	Windows					
form o	of protection (lowest row) for any of the Glazed openings and indicate the est form of protection (lowest row) for Non-Glazed openings.	or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garag Door
orm o	of protection (lowest row) for any of the Glazed openings and indicate the	or Entry	1	Skylights			Door
orm o	of protection (lowest row) for any of the Glazed openings and indicate the est form of protection (lowest row) for Non-Glazed openings.	or Entry	1		Block		
orm o veake	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	or Entry	1		Block		Dooi
orm o weake N/A A	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)	or Entry	1		Block		Door
orm oveake N/A A B	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)	or Entry	1		Block		Door
orm oweake N/A A B C	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	1		Block		Door
form of weaker N/A A B C	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	1		Block		Door

G. Unknown or unidentified

^{*}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.

	• 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	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 (Larga Missila - 2 ts	. 4 5 11. \			
☐B.1	 For Skylights Only: ASTM E 1886 <u>and</u> AST All Non-Glazed openings classified as A or B in t 		-	ngs avist		
	• •		-			
	One or More Non-Glazed openings classified as I in the table above	Level D in the table above, and	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	above			
	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	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 talk All Non-Glazed openings classified as Level A, B	tems with no documentationswer "A", "B", or C" or system ble above).	on) All (stems tha	at appear to meet Answer "A" or "B"		
N.2	One or More Non-Glazed openings classified as I le above			• •		
□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 Address32	209-3215 STONEWATER D	OR LAKE	ELAND FL 33803		
	on form is valid for up to five (5) years prov and on the form.	ided no material changes h	nave 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 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, <u>WILLIAM SEXTON</u> am a qualified inspector and I personally performed the inspection or (<i>licensed</i>
(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 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 3209-3215 STONEWATER DR LAKELAND FL 33803

^{*}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.













