Uniform Mitigation Verification Inspection Form

<u>Mainta</u>	in a copy of this form	and any documentation p	provided with the insura	nce policy	
Inspection Date: 05/08/20)23				
Owner Information					
Owner Name: Stonewater Condominium Association, Inc			Contact Person:		
Address: 3220-3228 STONEWATER DR LAKELAND FL 33803			Home Phone:		
City: LAKELAND Zip: 33803			Work Phone:		
County: POLK			Cell Phone:		
Insurance Company:			Policy #:		
Year of Home: 1990			Email:		
accompany this form. At though 7. The insurer ma 1. <u>Building Code</u> : Was the	least one photograph may ask additional question he structure built in comp	e compliance or existence of ust accompany this form to vons regarding the mitigated for liance with the Florida Buildin	ralidate each attribute mark eature(s) verified on this for g Code (FBC 2001 or later)	ked in questions 3 rm.	
A.Built in cowith a dat B.For the H 1996 prov	ompliance with the FBC: e after 3/1/2002: Building VHZ Only: Built in comp ride a permit application v n or does not meet the req	Year Built For how Permit Application Date (MM/D) liance with the SFBC-94: Year with a date after 9/1/1994: Build uirements of Answer "A" or "lause. Provide the permit applications of the second state of the second sta	omes built in 2002/2003 prov D/YYYY)// Built For homes built Application Date 3"	ouilt in 1994, 1995, and	
2. Roof Covering: Select					
	nstallation/Replacement (Permit Application Date	OR indicate that no information FBC or MDC Product Approval #	on was available to verify co Year of Original Installation or Replacement	No Information Provided for	
OR Year of Original Incovering identified. 2.1 Roof Covering Type:	Permit Application Date	FBC or MDC	Year of Original Installation or	No Information	
OR Year of Original Incovering identified.	Permit Application Date	FBC or MDC	Year of Original Installation or	No Information Provided for	
OR Year of Original Incovering 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 Incovering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh	Permit Application Date $\frac{11/09/2015}{1}$	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original Incovering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile	Permit Application Date 11/09/2015	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original Incovering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile 3. Metal	Permit Application Date 11/09/2015 //	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original Incovering identified. 2.1 Roof Covering Type: 1. Asphalt/Fiberglass Sh 2. Concrete/Clay Tile 3. Metal 4. Built Up	Permit Application Date 11/09/2015 //	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance	
OR Year of Original In 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	Permit Application Date 11/09/2015 11/09/2015 11/09/2016 11/09	EAnswer "A" or "B".	Product Approval listing cur Retire of original Installation or Replacement 2015 Product Approval listing cur Rethe roof is original and but time of installation OR (for is original and built in 1997)	No Information Provided for Compliance	
OR Year of Original In 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 Attachmen	Permit Application Date ingle 11/09/2015 -/_/ -/_/ s listed above meet the FB we a roofing permit applic have a Miami-Dade Procolication after 9/1/1994 are coverings do not meet the meet the requirements of the weakest for the we	EXAMSWER "A" or "B". FBC or MDC Product Approval # BLD15-06109 BLD1	Product Approval listing cur Replacement Product Approval listing cur Replacement	No Information Provided for Compliance	
OR Year of Original In 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 Attachmen	Permit Application Date ingle 11/09/2015 -/_/ is listed above meet the FB we a roofing permit application after 9/1/1994 are coverings do not meet the meet the requirements of the meet the requirements of the weakest for the wood/Oriented strand bothes o.c.) by staples or 6d in the meet of the strand bothes o.c.) by staples or 6d in the meet of the strand bothes o.c.)	EXAMPLE 1. THE PRODUCT APPROVAL # BLD15-06109 BLD15-061	Product Approval listing cur Replacement Product Approval listing cur Replacement	No Information Provided for Compliance	

^{*}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 at least 103 psf.
	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.
	<u>Vall Attachment</u> : What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within the 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	B. 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 nail 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, on 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
L	either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of
	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. E. Structural Anchor bolts structurally connected or reinforced concrete roof.
Inspectors I	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. E. Structural Anchor bolts structurally connected or reinforced concrete roof. F. Other:
Inspectors In	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. E. Structural Anchor bolts structurally connected or reinforced concrete roof.

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.

		is the roof shape? (Do not c nenclosed space in the dete	-	-			-		
[Hip roof with no other roof							
[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 slo	pe of
		ess than 2:12. Roof area wi			q ft; Tota	l roof area		sq	ft
	C. Other Ro	of- Any roof that does not of	qualify as either (A) or (B) above.					
Second	ary Water Resi	stance (SWR): (standard u	nderlayments or hot-mo	pped felts o	do not qu	alify as an	SWR)		
sh fr B. N	eathing or foam	Sealed Roof Deck) Self-ac adhesive SWR barrier (not a on in the event of roof cover- ermined.	foamed-on insulation) ap						ectly to dwe
leterm ipon th	ine the weakest f	What is the <u>weakest</u> form of protection for each con level for ALL Glazed op	ategory of opening. Seco	ond, (a) ch	eck one a	nswer belo or all Non-	ow (A, 1	B, C, N, opening	or X) b
_								INOII	Giazeu
		on Level Chart	tan ta aan fan aank		Glazed O	penings		Оре	enings
Place ar opening form of	"X" in each row to type. Check only protection (lowes	on Level Chart o identify all forms of protect one answer below (A thru X), t row) for any of the Glazed o n (lowest row) for Non-Glaze	based on the weakest penings and indicate the	Windows or Entry Doors	Glazed O Garage Doors	penings Skylights	Glass Block	Entry Doors	Garag Door
Place ar opening form of weakes	"X" in each row to type. Check only protection (lowes torm of protection	o identify all forms of protect one answer below (A thru X), t row) for any of the Glazed o	based on the weakest penings and indicate the d openings.	or Entry	Garage			Entry	Garag Door
Place ar opening form of weakes	n "X" in each row to type. Check only protection (lowes torm of protection Not Applicable- there	o identify all forms of protect one answer below (A thru X), t row) for any of the Glazed o n (lowest row) for Non-Glaze	based on the weakest penings and indicate the d openings.	or Entry	Garage	Skylights	Block	Entry	Gara
Place ar opening form of weakes N/A	a "X" in each row to type. Check only protection (lowes torm of protection Not Applicable there derified cyclic pressu	o identify all forms of protect one answer below (A thru X), t row) for any of the Glazed o n (lowest row) for Non-Glaze are no openings of this type on th	based on the weakest penings and indicate the d openings. ne structure rs doors/4.5 lb for skylights)	or Entry	Garage	Skylights	Block	Entry	Garaş Door
Place ar opening form of weakes	n "X" in each row to type. Check only protection (lowes to form of protection Not Applicable there derified cyclic pressure derified cyclic pressure	o identify all forms of protect one answer below (A thru X), t row) for any of the Glazed o n (lowest row) for Non-Glaze are no openings of this type on the e & large missile (9-lb for window	based on the weakest penings and indicate the d openings. ne structure rs doors/4.5 lb for skylights) ows doors/2 lb for skylights)	or Entry	Garage	Skylights	Block	Entry	Garaş Door
Place ar opening form of weakes	a "X" in each row to type. Check only protection (lowes to form of protection Not Applicable there derified cyclic pressure derified cyclic pressure derified plywood/OS verified Non-Glazed	o identify all forms of protect one answer below (A thru X), t row) for any of the Glazed o n (lowest row) for Non-Glaze are no openings of this type on the e & large missile (9-lb for windown e & large missile (4-8 lb for windown	based on the weakest penings and indicate the d openings. ne structure vs doors/4.5 lb for skylights) ows doors/2 lb for skylights) ac 2007 compliance with ASTM E 330,	or Entry	Garage	Skylights	Block	Entry	Garag Door
Place ar popening form of weakes: N/A B C	a "X" in each row to type. Check only protection (lowes to form of protection (lowes to form of protection) and Applicable there derified cyclic pressure derified cyclic pressure derified plywood/OS derified Non-Glazed (ANSI/DASMA 108, or	o identify all forms of protect one answer below (A thru X), t row) for any of the Glazed o n (lowest row) for Non-Glaze are no openings of this type on the e & large missile (9-lb for window e & large missile (4-8 lb for window meeting Table 1609.1.2 of the Figure 1609.1.2	based on the weakest penings and indicate the d openings. ne structure s doors/4.5 lb for skylights) ows doors/2 lb for skylights) 3C 2007 compliance with ASTM E 330, istance	or Entry	Garage	Skylights	Block	Entry	Garaş Door
Place ar opening form of weakes N/A B C	"X" in each row to type. Check only protection (lowes to form of protection Not Applicable - there derified cyclic pressure /erified cyclic pressure /erified plywood/OS /erified Non-Glazed ANSI/DASMA 108, or Opening Protection prot	o identify all forms of protect one answer below (A thru X), t row) for any of the Glazed o n (lowest row) for Non-Glaze are no openings of this type on the e & large missile (9-lb for window e & large missile (4-8 lb for window meeting Table 1609.1.2 of the Flantry or Garage doors indicating of PA/TAS 202 for wind pressure res	based on the weakest penings and indicate the d openings. ne structure as doors/4.5 lb for skylights) as doors/2 lb for skylights) ac 2007 compliance with ASTM E 330, istance but are not verified	or Entry	Garage	Skylights	Block	Entry	Garag 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 and AST	TM E 1996				
•	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					
	One or More Non-Glazed openings classified as I K in the table above	evel D in the table above, and	no Non-C	Blazed 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 protecte product app "Cyclic Pre	Dpening 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	verings or products listed as ami-Dade County and meet the table above):	s windbo	orne debris protection devices in the		
	ASTM E 1886 and ASTM E 1996 (Large M	18811e – 4.5 lb.)				
	 SSTD 12 (Large Missile – 4 lb. to 8 lb.) For Skylights Only: ASTM F 1886 and AST 	TM E 1006 (Large Missile - 2 to	. 4 5 11. \			
	 For Skylights Only: ASTM E 1886 <u>and</u> AST All Non-Glazed openings classified as A or B in t 		-	age aviet		
Η.,			-			
or X in	One or More Non-Glazed openings classified as L the table above	Level D in the table above, and i	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			
	Opening Protection- Wood Structural B 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		
	One or More Non-Glazed openings classified as L e table above	Level D in the table above, and	no Non-C	Blazed openings classified as Level N or		
N. Exterior (One or More Non-Glazed openings is classified as Opening Protection (unverified shutter system) to everings not meeting the requirements of Areumentation of compliance (Level N in the tage)	tems with no documentationswer "A", "B", or C" or sys	<u>on)</u> All (
N.1	All Non-Glazed openings classified as Level A, B	S, 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 I above	Level D in the table above, and	no Non-C	Blazed 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 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 Address	3220-3228 STONEWATER	DR LAK	KELAND FL 33803		
*This verification inaccuracies foun	n form is valid for up to five (5) years prov	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

Quainted inspector – I note an active neemse 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, <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 Lagree 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.
performed the hispection.
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.
61
Inspectors Initials WS Property Address 3220-3228 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.





















