## Uniform Mitigation Verification Inspection Form

		this form and any d	ocumentation p	rovided with the insuran	ice policy		
Inspection Date:	05/08/2023						
Owner Informa	ation						
Owner Name: Stonewater Condominium Association, Inc				Contact Person:			
Address: 1102	-1104 WATERFALL LN	LAKELAND FL 33803	I	Home Phone:			
City: LAKELAN	ND	Zip: 33803	V	Work Phone:			
County: POLK			(	Cell Phone:			
Insurance Comp	oany:		I	Policy #:			
Year of Home:		# of Stories: 2		Email:			
accompany this though 7. The 1. Building Co	s form. At least one pho insurer may ask addition de: Was the structure bu	stograph must accompa nal questions regardin tilt in compliance with the	any this form to va g the mitigated fea he Florida Building	ach construction or mitigat alidate each attribute mark ature(s) verified on this for a Code (FBC 2001 or later) C	ed in questions 3 m.		
the HVHZ (I	Miami-Dade or Broward	counties), South Florida	Building Code (SF	FBC-94)?			
ПА	Built in compliance with with a date after 3/1/200			mes built in 2002/2003 provi	de a permit application		
□В				Built For homes buing Permit Application Date			
√lc	. Unknown or does not n	neet the requirements of	`Answer "A" or "B	,,			
				ation date OR FBC/MDC Pro	oduct Approval number		
	Original Installation/Rep	placement OR indicate	that no information	n was available to verify con	mpliance for each roof		
OR Year of covering idea	Original Installation/Reportified.				mpliance for each roof  No Information Provided for		
OR Year of covering ide	Original Installation/Rep ntified. Pe overing Type:	placement OR indicate	that no information  FBC or MDC	n was available to verify con	mpliance for each roof		
OR Year of covering ide:  2.1 Roof Co	Original Installation/Repartified.  Perovering Type: halt/Fiberglass Shingle	placement OR indicate	that no information  FBC or MDC  Product Approval #	1 Was available to verify con Year of Original Installation or Replacement	mpliance for each roof  No Information Provided for Compliance		
OR Year of covering ide:  2.1 Roof Co	Original Installation/Reportified.  Perovering Type:  halt/Fiberglass Shingle  Output  Output	placement OR indicate rmit Application Date	that no information  FBC or MDC  Product Approval #	1 Was available to verify con Year of Original Installation or Replacement	mpliance for each roof  No Information Provided for Compliance		
OR Year of covering ide:  2.1 Roof Co  1. Asp	Original Installation/Reportified.  Perovering Type:  halt/Fiberglass Shingle  Output  Output	placement OR indicate rmit Application Date 8/19/2005	that no information  FBC or MDC  Product Approval #	1 Was available to verify con Year of Original Installation or Replacement	mpliance for each roof  No Information Provided for Compliance		
OR Year of covering ide:  2.1 Roof Co  1. Asp  2. Con  3. Meta	Original Installation/Repartified.  Perovering Type:  halt/Fiberglass Shingle  Outcrete/Clay Tile  al  t Up	placement OR indicate rmit Application Date  8/19/2005	that no information  FBC or MDC  Product Approval #	1 Was available to verify con Year of Original Installation or Replacement	mpliance for each roof  No Information Provided for Compliance		
OR Year of covering ide:  2.1 Roof Co  1. Asp  2. Con  3. Mete  4. Built	Original Installation/Repartified.  Perovering Type:  halt/Fiberglass Shingle  Outcrete/Clay Tile  al  t Up	placement OR indicate rmit Application Date  8/19/2005	that no information  FBC or MDC  Product Approval #	1 Was available to verify con Year of Original Installation or Replacement	mpliance for each roof  No Information Provided for Compliance		
OR Year of covering ides  2.1 Roof Co  1. Asp  2. Con  3. Mete  4. Built  5. Men  6. Other  B. All roof covering ides	Original Installation/Repartified.  Perovering Type:  halt/Fiberglass Shingle  Outrete/Clay Tile  al  at Up  abrane  or  f coverings listed above a tion OR have a roofing p of coverings have a Miaman.	placement OR indicate in the policy of the p	TBC or MDC Product Approval #  54890-1  C or Miami-Dade F n or after 3/1/02 OF all listing current at to /2002 OR the roof its of Answer "A" o	Year of Original Installation or Replacement  2005  Product Approval listing curred the roof is original and built in 1997 of soriginal and built in 1997 o	mpliance for each roof  No Information Provided for Compliance		
OR Year of covering ides  2.1 Roof Co  1. Asp  2. Con  3. Mete  4. Built  5. Men  6. Other  B. All roo roofing  C. One or  D. No roo	Original Installation/Repartified.  Perovering Type:  halt/Fiberglass Shingle  orrete/Clay Tile  at Up  abrane  f coverings listed above a tion OR have a roofing p of coverings have a Miama of permit application after more roof coverings do respectively.	placement OR indicate in the policy of the p	That no information  FBC or MDC  Product Approval #  54890-1  C or Miami-Dade F n or after 3/1/02 OF all listing current at to /2002 OR the roof it ts of Answer "A" or or "B".	Year of Original Installation or Replacement  2005  Product Approval listing curred the roof is original and built in 1997 of soriginal and built in 1997 o	mpliance for each roof  No Information Provided for Compliance		
OR Year of covering ides  2.1 Roof Co  1. Asp  2. Con  3. Mete  4. Built  5. Men  6. Other  B. All roo roofing  C. One or  D. No roo	Original Installation/Repartified.  Pervering Type:  halt/Fiberglass Shingle  Outerete/Clay Tile  out Up  abrane  of coverings listed above ration OR have a roofing particle for a more roof coverings have a Miaman permit application after more roof coverings do rate of coverings meet the requirement.  Attachment: What is the A. Plywood/Oriented.	mit Application Date  8/19/2005  -/-/  meet the FBC with a FBc ermit application date or i-Dade Product Approva 9/1/1994 and before 3/1, not meet the requirement direments of Answer "A"  weakest form of roof deed strand board (OSB) roof ded strand boar	C or Miami-Dade For or after 3/1/02 OF all listing current at 1/2002 OR the roof its of Answer "A" of or "B".	Year of Original Installation or Replacement  2005  Product Approval listing curred the roof is original and built in 1997 of soriginal and built in 1997 o	mpliance for each roof  No Information Provided for Compliance		
OR Year of covering ides  2.1 Roof Co  1. Asp  2. Con  3. Mete  4. Built  5. Men  6. Othe  B. All roo roofing  C. One or D. No roof  3. Roof Deck A	Original Installation/Repartified.  Pervering Type:  halt/Fiberglass Shingle  Outerete/Clay Tile  out Up  abrane  of coverings listed above ration OR have a roofing particle for a more roof coverings have a Miaman permit application after more roof coverings do rate of coverings meet the requirement.  Attachment: What is the A. Plywood/Oriented.	mit Application Date  8/19/2005  // /  meet the FBC with a FBe ermit application date or i-Dade Product Approva 9/1/1994 and before 3/1 not meet the requirement irements of Answer "A'  weakest form of roof deed strand board (OSB) roaples or 6d nails spaced and a spaced and	C or Miami-Dade Fn or after 3/1/02 OF all listing current at 1/2002 OR the roof its of Answer "A" or "B".	Year of Original Installation or Replacement  2005  Product Approval listing curred the roof is original and builtime of installation OR (for this original and built in 1997 or "B".	mpliance for each roof  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 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.
<b>V</b>	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 <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 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, <b>or</b>
[	☐ 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 1102-1104 WATERFALL LN LAKELAND FL 33803
inspectors finitial	1102-1104 WAILBIALL LIV LANELAND FL 33003
*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.

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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 perimental perimental structure.)						
	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	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	dary Water Resistance (SWR): (standard underlayments or hot-mo	pped felts o	do not qu	alify as an	SWR)		
s f B. 1	SWR (also called Sealed Roof Deck) Self-adhering polymer modificheathing or foam adhesive SWR barrier (not foamed-on insulation) approximate intrusion in the event of roof covering loss.  No SWR.  Unknown or undetermined.	ed-bitumen pplied as a	roofing suppleme	underlaym ental mean	nent app s to pro	olied direct the	ectly to dwe
<b>J</b> . (	Shrifown of undetermined.						
upon t	nine the weakest form of protection for each category of opening. <b>Sec</b> the lowest protection level for ALL Glazed openings <b>and</b> (b) check the applicable.					opening	
Ope	ning Protection Level Chart		Glazed O	penings		O	!
Place a openin form o	ning Protection Level Chart  In "X" in each row to identify all forms of protection in use for each  In type. Check only one answer below (A thru X), based on the weakest  If protection (lowest row) for any of the Glazed openings and indicate the  In the strong protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Glazed O	penings Skylights	Glass Block	Entry Doors	Garag Door
Place a openin form o weake	in "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	or Entry	Garage	Skylights	Block	Entry	Garag Door
Place a openin form o weake	in "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.	or Entry	Garage			Entry	Gara
Place a openin form o weake N/A	on "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.  Not Applicable- there are no openings of this type on the structure	or Entry	Garage	Skylights	Block	Entry	Garaş Door
Place a openin form o weake N/A	on "X" in each row to identify all forms of protection in use for each group type. Check only one answer below (A thru X), based on the weakest from frotection (lowest row) for any of the Glazed openings and indicate the strom 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 openin form o weake N/A A	In "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.  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	Garaş Door
Place a openin form o weake  N/A  B  C	in "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.  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	Garaş Door
Place a openin form o weake  N/A  A  B  C	In "X" in each row to identify all forms of protection in use for each grype. Check only one answer below (A thru X), based on the weakest from of protection (lowest row) for any of the Glazed openings and indicate the st 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 Door

G. Unknown or unidentified

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•	For Skylights Only: ASTM E 1886 <b>and</b> AST	M E 1996				
•	For Garage Doors Only: ANSI/DASMA 115					
	All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist					
	or More Non-Glazed openings classified as L the table above	evel 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 as	s Level B, C, N, or X in the tab	ole above			
are protected, a product approv "Cyclic Pressui	at a minimum, with impact resistant coveral system of the State of Florida or Miare and Large Missile Impact" (Level B in	rerings or products listed as mi-Dade County and meet the table above):	s windbo	orne debris protection devices in the		
	ASTM E 1886 and ASTM E 1996 (Large Mi	issile – 4.5 lb.)				
	SSTD 12 (Large Missile – 4 lb. to 8 lb.)					
<i></i>	For Skylights Only: ASTM E 1886 and AST		-			
	Non-Glazed openings classified as A or B in the		-			
	or More Non-Glazed openings classified as L table above	evel D in the table above, and a	no Non-C	Blazed 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			
	pening Protection- Wood Structural					
	neeting the requirements of Table 1609.1.	,				
= .	Non-Glazed openings classified as A, B, or C		-	_		
C.2 One X in the tal	or More Non-Glazed openings classified as L ble above	evel D in the table above, and	no Non-C	lazed openings classified as Level N or		
N. Exterior Ope protective cove	or More Non-Glazed openings is classified as ning Protection (unverified shutter systemings not meeting the requirements of An entation of compliance (Level N in the talk)	tems with no documentation swer "A", "B", or C" or sys	<u>on)</u> All (			
N.1 All 1	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 the table above	or More Non-Glazed openings classified as L	evel 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	e Glazed Openings One or more Glazed	openings classified and Lev	vel X in t	he table above. CGC003886; HI 4065		
Mı	TTIGATION INSPECTIONS MUST BE C 627.711(2), Florida Statutes, provides	~				
Qualified Inspector Name:	WILLIAM SEXTON	License Type: <b>General, building, o</b> residential contractor	or	License or Certificate #: CGC003886; HI 4065		
Inspection Company:	V.F. SEXTON, Inc.		Phone: 7	27-776-3832		
_	WS Property Address					
*This verification for inaccuracies found o	rm is valid for up to five (5) years provi n the form.	iueu no material changes f	iave 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 – 1 noid 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. 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: William John 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 1102-1104 WATERFALL LN LAKELAND FL 33803

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