Uniform Mitigation Verification Inspection Form

Maintain a co	py of this form and ai	ny documentation prov	vided with the insuran	ce poncy		
Inspection Date: 05/08/2023						
Owner Information						
Owner Name: Stonewater Condominium Association, Inc			Contact Person:			
Address: 1112-1114 WATERFALL LN LAKELAND FL 33803			Home Phone:			
City: LAKELAND	Zip: 33803	Wo	Work Phone:			
County: POLK		Cel	l Phone:			
Insurance Company:		Pol	icy #:			
Year of Home: 1996	# of Stories: 2					
NOTE: Any documentation used accompany this form. At least or though 7. The insurer may ask a 1. Building Code: Was the struct	ne photograph must according to the distribution of the distributi	ompany this form to valid rding the mitigated featurith the Florida Building Company	late each attribute markere(s) verified on this formode (FBC 2001 or later) O	ed in questions 3 m.		
with a date after 3 B. For the HVHZ Or 1996 provide a pe /// C. Unknown or does	ce with the FBC: Year Bu 3/1/2002: Building Permit aly: Built in compliance we ermit application with a day s not meet the requiremen	ilt For home Application Date (MM/DD/YY with the SFBC-94: Year Buste after 9/1/1994: Building atts of Answer "A" or "B"	s built in 2002/2003 provide the street of t	nilt in 1994, 1995, and		
2. Roof Covering: Select all roof						
 Roof Covering: Select all roof OR Year of Original Installation covering identified. 				mpliance for each roof No Information Provided for		
OR Year of Original Installation covering identified. 2.1 Roof Covering Type:	on/Replacement OR indicement OR indicement Application Date	cate that no information w FBC or MDC Product Approval #	vas available to verify con 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	on/Replacement OR indicement OR indicement Application Date 06/29/2011	cate that no information w	vas available to verify con	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	on/Replacement OR indices Permit Application Date O6/29/2011	cate that no information w FBC or MDC Product Approval #	vas available to verify con 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	on/Replacement OR indices Permit Application Date 06/29/2011 //	cate that no information w FBC or MDC Product Approval #	vas available to verify con 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	on/Replacement OR indices Permit Application Date O6/29/2011	cate that no information w FBC or MDC Product Approval #	vas available to verify con 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 5. Membrane	on/Replacement OR indices Permit Application Date 06/29/2011 //	cate that no information w FBC or MDC Product Approval #	vas available to verify con 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	on/Replacement OR indices Permit Application Date 06/29/2011 //	cate that no information w FBC or MDC Product Approval #	vas available to verify con 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 5. Membrane 6. Other A. All roof coverings listed a installation OR have a roo B. All roof coverings have a roofing permit application C. One or more roof coverings D. No roof coverings meet the	on/Replacement OR indices Permit Application Date 06/29/2011 //	a FBC or Miami-Dade Product on or after 3/1/2002 OR the roof is coments of Answer "A" or "E".	vas available to verify con Year of Original Installation or Replacement 2011 duct Approval listing curre are roof is original and built e of installation OR (for the original and built in 1997 or	npliance 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 an installation OR have a roof ing permit application C. One or more roof coverings meet the stall and the covering meet the covering meet the stall and the covering meet the covering meet the stall and the covering meet the c	on/Replacement OR indicement on Permit Application 06/29/2011	a FBC or Miami-Dade Product on or after 3/1/2002 OR the roof is coments of Answer "A" or "E".	Year of Original Installation or Replacement 2011 duct Approval listing currence roof is original and builted of installation OR (for the original and built and built original and built in 1997 of B".	npliance 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 an installation OR have a roof ing permit application C. One or more roof coverings meet the stall and the covering meet the covering meet the stall and the covering meet the covering meet the stall and the covering meet the c	on/Replacement OR indicement on Permit Application O6/29/2011 O6/29/2011 Offing permit application day Miami-Dade Product Application day after 9/1/1994 and before the requirements of Answer is the weakest form of rose or of the original or of the original of the ori	a FBC or Miami-Dade Product Approval # 19807-4 19807-4 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 coments of Answer "A" or "E" ar "A" or "B".	vas available to verify con Year of Original Installation or Replacement 2011 duct Approval listing curre are roof is original and built e of installation OR (for the original and built in 1997 of B". to the roof truss/rafter (spand 12" in the fieldOR- Bate	npliance 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.
	E. Other:
	F. Unknown or unidentified.
	G. No attic access.
4 Roof to Wall	Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within
	iside 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 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:
	ls WS Property Address 1112-1114 WATERFALL LN LAKELAND FL 33803
inspectors finitial	
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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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the host stru	netry: What is the roof shape? (Do not consider roofs of porche ucture over unenclosed space in the determination of roof perim	-			•		
	A. Hip Roof- Hip roof with no other roof shapes greater than 1 Total length of non-hip features: feet; Total						
□E	3. 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 _		q ft; Tota	l roof area		sq	ft
V (C. Other Roof- Any roof that does not qualify as either (A) or ((B) above.					
Secondary .	Water Resistance (SWR): (standard underlayments or hot-mo	pped felts o	do not qu	alify as an	SWR)		
sheath from v B. No SV	(also called Sealed Roof Deck) Self-adhering polymer modificing or foam adhesive SWR barrier (not foamed-on insulation) a water intrusion in the event of roof covering loss. WR. bwn or undetermined.						ectly to dwe
letermine the log as application (1) as a applic		ond, (a) ch	eck one a	nswer belo or all Non-	ow (A, 1	B, C, N, opening	or X) b gs (.1, .
	g Protection Level Chart		Glazed Openings			Non-Glazed Openings	
opening type	in each row to identify all forms of protection in use for each e. Check only one answer below (A thru X), based on the weakest ection (lowest row) for any of the Glazed openings and indicate the	Windows or Entry	Garage Doors	Skylights	Glass Block	Entry Doors	Garag Door
	m of protection (lowest row) for Non-Glazed openings.	Doors	D0013				D00.
weakest forr	pplicable- there are no openings of this type on the structure	Doors		×	×		
weakest form		Doors	20013	*	×		X
N/A Not A A Verifie	pplicable- there are no openings of this type on the structure	Doors	20013	*	×		
N/A Not A A Verifie B Verifie	pplicable- there are no openings of this type on the structure ed cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	Doors	50013	*	×		
N/A Not A A Verifie B Verifie C Verifie Verifie	pplicable- there are no openings of this type on the structure ed cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) ed cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)	Doors	20013	*	×		
weakest form N/A Not A A Verifie B Verifie C Verifie D Verifie ANSI/ Openi	pplicable- there are no openings of this type on the structure ed cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) ed cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) ed plywood/OSB meeting Table 1609.1.2 of the FBC 2007 ed Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330,	Doors	20013	*	×		
weakest form N/A Not A A Verifie B Verifie C Verifie ANSI/ Openi	pplicable- there are no openings of this type on the structure ed cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) ed cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) ed plywood/OSB meeting Table 1609.1.2 of the FBC 2007 ed Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, DASMA 108, or PA/TAS 202 for wind pressure resistance	Doors	50013	*	×		

G. Unknown or unidentified

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		License or Certificate #: CGC003886; HI 4065 727-776-3832		
Qualified Inspector Name: WILLIAM SEXTON	License Type: General, building, or residential contractor	License or Certificate #: CGC003886; HI 4065		
627.711(2), Florida Statutes, p.	License Type: General, building, or	License or Certificate #:		
627.711(2), Florida Statutes, p.	rovides a listing of individuals who may	sign this form.		
		CGC003886; HI 4065		
X. None or Some Glazed Openings One or more		in the table above.		
N.3 One or More Non-Glazed openings is clas	ssified as Level X in the table above			
N.2 One or More Non-Glazed openings classif	fied as Level D in the table above, and no No	n-Glazed openings classified as Level X in		
=	vel A, B, C, or N in the table above, or no No	on-Glazed openings exist		
N. Exterior Opening Protection (unverified shut protective coverings not meeting the requirement with no documentation of compliance (Level N is	ts of Answer "A", "B", or C" or systems			
C.3 One or More Non-Glazed openings is class				
C.2 One or More Non-Glazed openings classif X in the table above	fied as Level D in the table above, and no No	n-Glazed openings classified as Level N or		
	B, or C in the table above, or no Non-Glazed			
plywood/OSB meeting the requirements of Table	1609.1.2 of the FBC 2007 (Level C in the	e table above).		
C. Exterior Opening Protection- Wood Stru-		ll Glazed openings are covered with		
	ssified as Level C, N, or X in the table above			
B.2 One or More Non-Glazed openings classift or X in the table above	fied as Level D in the table above, and no No	n-Glazed openings classified as Level C, N,		
B.1 All Non-Glazed openings classified as A	B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist			
· ·	and ASTM E 1996 (Large Missile - 2 to 4.5 ll	o.)		
• SSTD 12 (Large Missile – 4 lb. to 8 l				
product approval system of the State of Florida "Cyclic Pressure and Large Missile Impact" (Lev • ASTM E 1886 and ASTM E 1996 (I	or Miami-Dade County and meet the revel B in the table above):	*		
B. Exterior Opening Protection- Cyclic Pressure are protected, at a minimum, with impact resist				
A.3 One or More Non-Glazed Openings is class	ssified as Level B, C, N, or X in the table abo	ve		
A.2 One or More Non-Glazed openings classif N, or X in the table above	fied as Level D in the table above, and no No	n-Glazed openings classified as Level B, C,		
A.1 All Non-Glazed openings classified as A i	the table above, or no Non-Glazed openings exist			
 For Garage Doors Only: ANSI/DASI 	MA 115			
 Southern Standards Technical Docum For Skylights Only: ASTM E 1886 a 	, ,			

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

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