Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

	<u>Maintain a copy</u>	of this form and an	y documentation prov	fued with the hisurance	z poncy		
Insp	ection Date: February 7, 2023						
Owr	ner Information						
Owr	er Name: Point East One Condo	ominium Corp. Inc		Contact Person:			
Add	ress: 2929 Point E Dr. A1			Home Phone:			
City	: Aventura	Zip: 33160		Work Phone:			
Cou	nty: Broward			Cell Phone:			
Insu	rance Company:			Policy #:			
Year	of Home: 1966	# of Stories: 3		Email: pointeastcorp1@	gmail.com		
NOT	E: Any documentation used in	r volidating the complic	ana an avistance of each	agreturation on mitigation	n attributa must		
accon	pany this form. At least one the 7. The insurer may ask add	photograph must accor	npany this form to valid	ate each attribute marked	in questions 3		
	ailding Code: Was the structure HVHZ (Miami-Dade or Brown A. Built in compliance with the after 3/1/2002: Building Perm B. For the HVHZ Only: Build provide a permit application of C. Unknown or does not meet	ard counties), South Flor ne FBC: Year Built 2003 nit Application Date: t in compliance with the with a date after 9/1/1994	rida Building Code (SFBC . For homes built in 2002/ SFBC-94: Year Built l: Building Permit Applica	2-94)? /2003 provide a permit appl For homes built in 19	ication with a date 994, 1995, and 1996		
OI	oof Covering: Select all roof co R Year of Original Installation/F vering identified.				nce for each roof		
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
	1. Asphalt/Fiberglass Shingle						
	2. Concrete/Clay Tile	<u>10/26/2016</u>	16-00002536	2016			
	☐ 3. Metal						
	✓ 4. Built Up✓ 5. Membrane	<u>10/26/2016</u>	16-00002536	2016			
	6. Other: TPO (FLAT ROOF)						
	A. All roof coverings listed al installation OR have a roofing B. All roof coverings have a roofing permit application aft C. One or more roof covering D. No roof coverings meet the	g permit application date Miami-Dade Product Ap er 9/1/1994 and before 3 gs do not meet the require	on or after 3/1/02 OR the oproval listing current at ti /1/2002 OR the roof is oriements of Answer "A" or	roof is original and built in ime of installation OR (for t ginal and built in 1997 or la	2004 or later. he HVHZ only) a		
3. R c	oof Deck Attachment: What is	the weakest form of roo	f deck attachment?				
	A. Plywood/Oriented strand o.c.) by staples or 6d nails spaced at of screws, nails, adhesives, other decibelow.	board (OSB) roof sheath 6" along the edge and 12" in t	ing attached to the roof truche fieldOR- Batten decking su	apporting wood shakes or wood sh	inglesOR- Any system		
		hing with a minimum thi	ckness of 7/16"inch attacl	hed to the roof truss/rafter (spaced a maximum		
	of 24"inches o.c.) by 8d common na or truss/rafter spacing that is shown tresistance of at least 103 psf.	ils spaced a maximum of 12" i	nches in the fieldOR- Any syst	tem of screws, nails, adhesives, oth	ner deck fastening system		
\boxtimes	C. Plywood/OSB roof sheath	ning with a minimum thic	ckness of 7/16" inch attach	ned to the roof truss/rafter (s	paced a maximum		
П	of 24"inches o.c.) by 8d common na nails per board (or 1 nail per board if system or truss/rafter spacing that is mean uplift resistance of at least 182 D. Reinforced Concrete Roof	each board is equal to or less t shown to have an equivalent or psf.	han 6 inches in width)OR- An	ny system of screws, nails, adhesive	es, other deck fastening		
	E. Other:	Deck.					
Inspe		Address: 2929 Point E					

*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. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 *Page 1 of 23*

		F. Unknown or unidentified.G. No attic access.						
4.	5 fe □	of to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within set of 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						
	IVIII	nimal 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.						
	X	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 0 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 from 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 th 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:						
		G. Unknown or unidentified						
		H. No attic access						
5.		of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).						
		A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features: feet; Total roof system perimeter: feet						
	\boxtimes	B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft						
		C. Other Roof Any roof that does not qualify as either (A) or (B) above.						
6.		A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam esive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. B. No SWR. C. Unknown or undetermined.						

inaccuracies found on the form.

Opening Protection: What is the <u>weakest</u> form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Glazed Openings				Non-Glazed Openings	
			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors	
N/A	Not Applicable- there are no openings of this type on the structure		х	х	Х		х	
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)							
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)							
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007							
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance							
-	Opening Protection products that appear to be A or B but are not verified							
N	Other protective coverings that cannot be identified as A, B, or C							
Х	No Windborne Debris Protection	Х				х		

- A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).
 - Miami-Dade County PA 201, 202, and 203
 - Florida Building Code Testing Application Standard (TAS) 201, 202, and 203
 - American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
 - Southern Standards Technical Document (SSTD) 12
 - For Skylights Only: ASTM E 1886 and ASTM 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
 □ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
 □ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
- B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
 - ASTM E 1886 and ASTM E 1996 (Large Missile 4.5 lb.)
 - SSTD 12 (Large Missile 4 lb. to 8 lb.)
 - For Skylights Only: ASTM E 1886 <u>and</u> ASTM E 1996 (Large Missile 2 to 4.5 lb.)
 - ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
 - ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
 - ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- □ <u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
 - ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
 - ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
 - C.3 One or More Non-Glazed openings is classified as Level N or X in the table above
- N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).
 - N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist
 - □ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above
 - ☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above

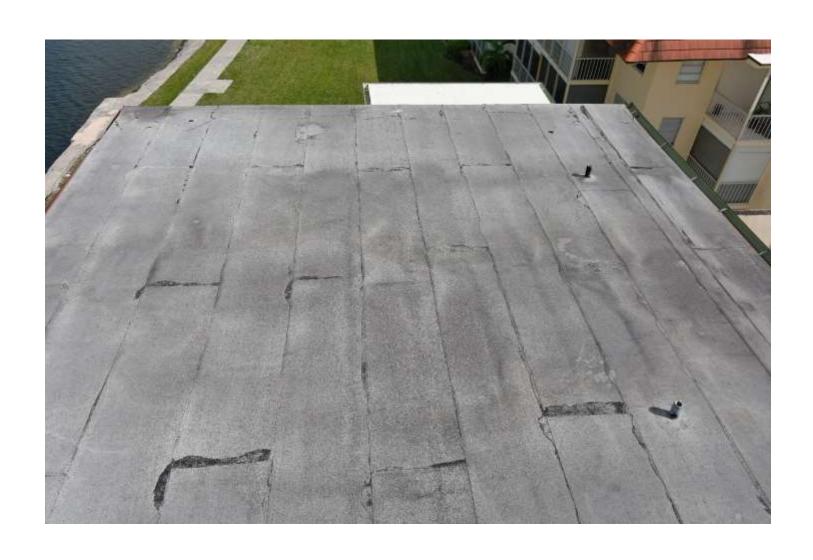
Inspectors Initials Property Address: 2929 Point E Dr, A1 Aventura, FL 33160

*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.

☑ X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.

	MITIGATION INSPE Section 627.711(2), Flor			~			
Qu	alified Inspector Name: John R. Steitz		License T	Type: Building Co	ode Inspector	License or Certificate #: BN6304	
Ins	pection Company: JRS Inspections	Email: johnsteitz	mail@g	mail.com	Phone: 56	1.319.2764	
Qι	alified Inspector – I hold an acti	ve license as a:	(checl	k 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 Statues, 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, John R. Steitz 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:							
<u>Homeowner to complete</u> : 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.							
Sig	nature:	D	ate:	2/7/2023			
obt of t	individual or entity who knowingly pro ain or receive a discount on an insurance he first degree. (Section 627.711(7), Flo definitions on this form are for inspection purpo- ticanes.	ce premium to wh rida Statutes)	ich the	individual or	entity is not e	entitled commits a misdemeanor	









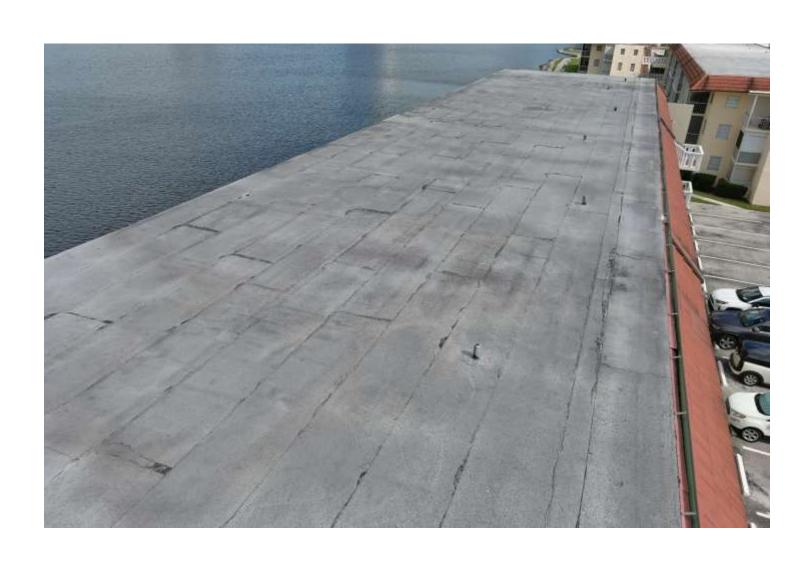


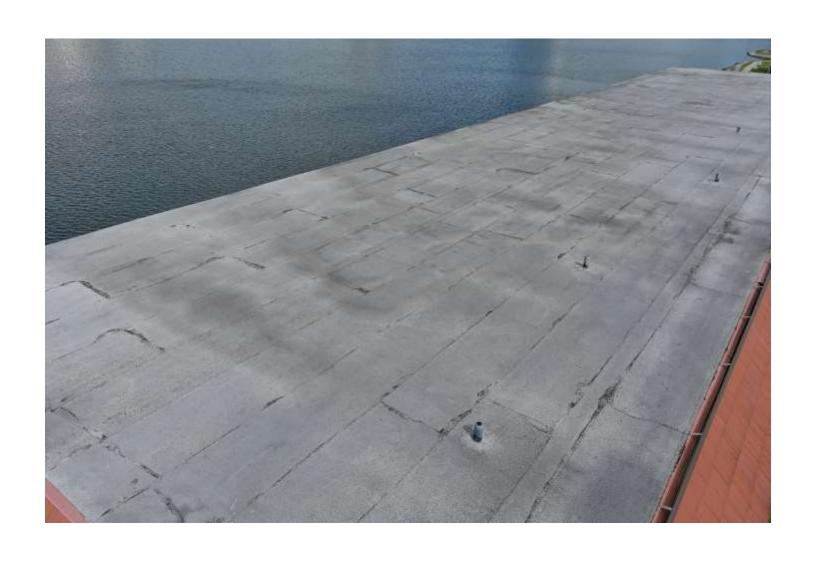


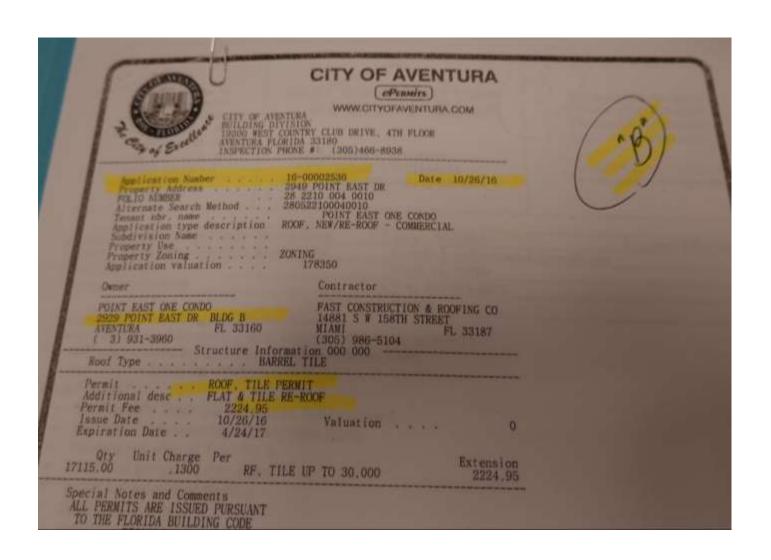












Inspectors Initials Property Address: 2929 Point E Dr, A1 Aventura, FL 33160

^{*}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.















Inspectors Initials Property Address: 2929 Point E Dr, A1 Aventura, FL 33160
*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.



Inspectors Initials Property Address: 2929 Point E Dr, A1 Aventura, FL 33160
*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.