Uniform Mitigation Verification Inspection Form

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

Inspec	tion Date	e: 02/18/2023							
Owner	r Informa	ation							
Owner Name:		Canterbury at Aberdeen Condo Assoc.			Contact Person:				
Address:		8058 Aberdeen Dr			Home Phone:				
City:		Boynton Beach	Zip: 33472		Work Phone:				
Count	y:	Palm Beach County			Cell Phone:				
Insurance Company:		oany:	<u>'</u>		Policy #:				
			# of Stories: 2		Email:				
accom	pany this		graph must accompa	ny this form to validat	onstruction or mitigation a e each attribute marked in (s) verified on this form.				
	ated in th	e HVHZ (Miami-Dade or B	roward counties), Sou	uth Florida Building Co					
	A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)/								
~	B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built 1997. For homes built in 1994, 1995, and 199 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)/								
	C. Unkr	nown or does not meet the r	equirements of Answ	er "A" or "B"					
2. Roof Coverings: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. No Information									
	2.1 Roof C	Covering Type	Permit Application Date	FBC or MDC Product Approval#	Year of Original Installation or Replacement	Provided for Compliance			
	☐ 1. Asp	ohalt/Fiberglass Shingle	//						
	✓ 2. Cor	ncrete/Clay Tile	06/30/2022	Permit #: B-2022-025206-0000	2022				
	☐ 3. Me	tal	//						
	4. Bui	lt Up	//		<u> </u>				
		mbrane							
	✓ 6. Oth	er Modified Bitumen	01/06/1999	Permit #: B-1996-034081-0001	1999	Ш			
	A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later								
✓		B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) roofing permit application after $9/1/1994$ and before $3/1/2002$ OR the roof is original and built in 1997 or later.							
	C. One or more roof coverings do not meet the requirements of Answer "A" or "B".								
	D. No ro	oof coverings meet the requ	irements of Answer "	A" or "B".					
3. <u>Ro</u>		Attachment: What is the we							
	A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or wood shinglesOR- 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.								
	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.								
~									
Inspe	ectors Init	ials <u>NG</u> Pro	operty Address	8058 Aberdeen Dr, Boy	ynton Beach, FL 33472	_			
*This	verificat	ion form is valid for up to	five (5) years provide	ed no material changes	have been made to the stru	cture or			
inacc	uracies fo	ound on the form. (Rev. 01/12) Adopted by Ru	•	ca no material thangts	Page 1 of				

		in the field	or has a mean uplift resistance of at least 182 psf.							
		D. Reinford	D. Reinforced Concrete Roof Deck.							
		E. Other:								
		F. Unknow	n or unidentified.							
		G. No attic	access.							
4.			To Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks in 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)							
		A. Toe Nai	V- /							
			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							
	Mi	nimal cond	itions 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 1/2" 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. 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 V	Vraps .							
			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.							
	\checkmark	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							
			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. Structura	E. Structural Anchor bolts structurally connected or reinforced concrete roof.							
		F. Other								
		G. Unknow	n or unidentified							
		H. No attic	access							
5.	wal		<u>*Geometry:</u> What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry ification)							
		A. Hip Ro	of 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							
		B. Flat Ro	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							
	\checkmark	C. Other R	oof Any roof that does not qualify as either (A) or (B) above.							
6	Sec	ondary Wa	tar Resistance (SWR): (standard underlayments or hot-monned felts do not qualify as an SWR)							
0.		 Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive 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 SW	R.							
	\checkmark	C. Unknow	wn or undetermined.							
I	nspe	ctors Initials	NG Property Address 8058 Aberdeen Dr, Boynton Beach, FL 33472							
*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or										

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inaccuracies found on the form.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

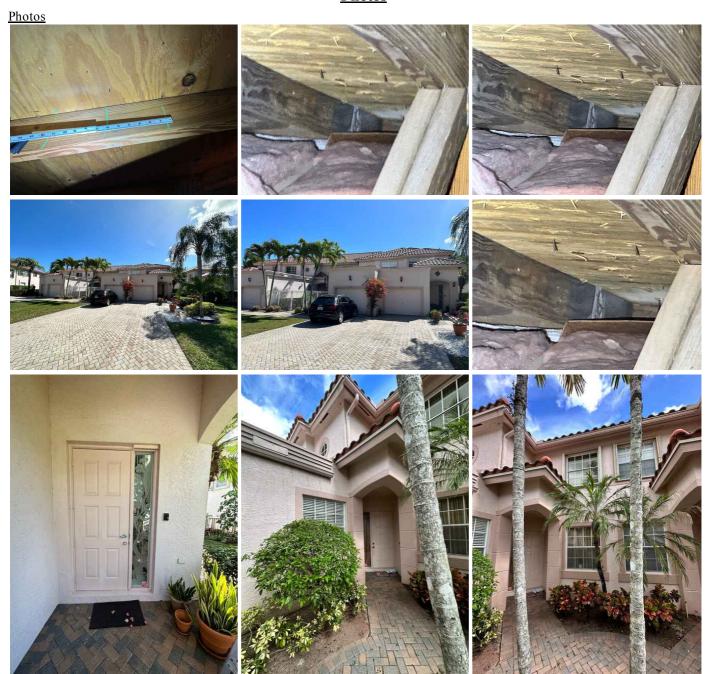
spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches

7. Opening Protection: What is the weakest 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. Non-Glazed **Glazed Openings Opening Protection Level Chart** Openings Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Entry Garage Glass Garage Skylights or Entry form of protection (lowest row) for any of the Glazed openings and indicate the Block Doors Doors Doors Doors weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Χ Χ Χ A 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) C 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, D 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 X No Windborne Debris Protection Χ Χ Χ 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 exist 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 and 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 □ C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 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 Inspectors Initials NG Property Address 8058 Aberdeen Dr, Boynton Beach, FL 33472

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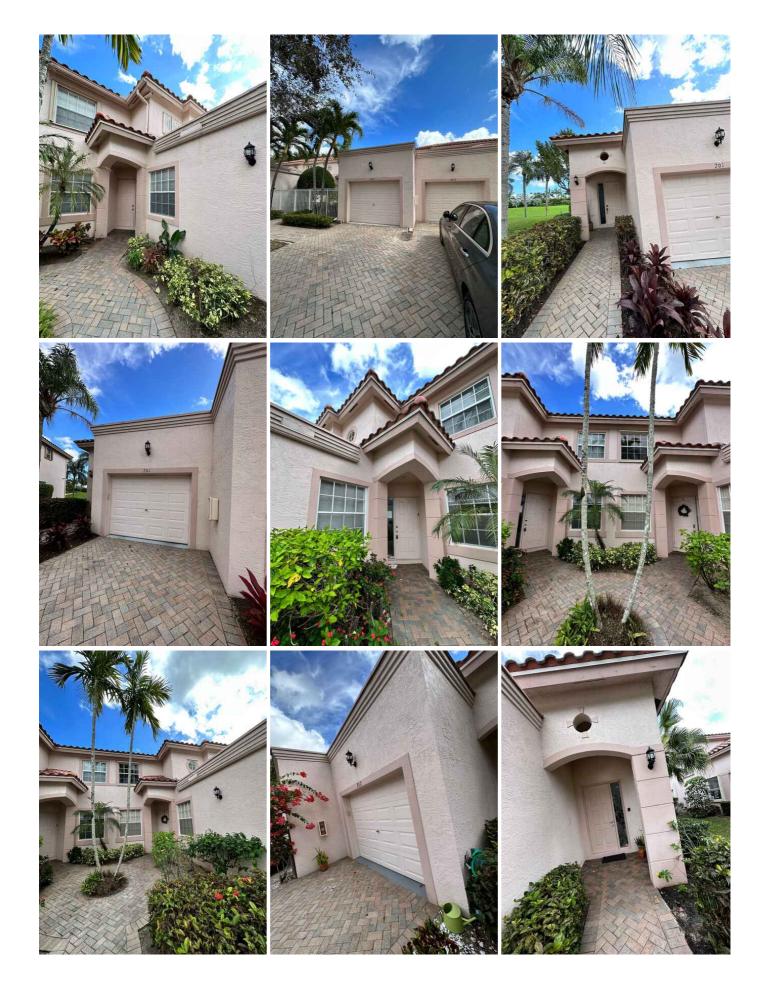
with protective	coverings not		nts of Answer "A"	, "B", or C"	tion) All Glazed openings are protected or systems that appear to meet Answer				
N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings									
□ N.2 One or	More Non-Gl	=			re, and no Non-Glazed openings				
		azed openings is classif	fied as Level X in	the table ab	ove				
					Level X in the table above.				
MITICA	TION INCO	DECTIONS MUST I	DE CEDTIEIFI	D DV 4 OI	VALIFIED INSPECTOR.				
				-	als who may sign this form.				
Qualified Inspector Name:	•, • • • • • • • • • • • • • • • • • •	License T		i iii ii	License or Certificate #:				
Noslandy Gonzalez		Hom	e Inspector	Lni	hi12494				
Inspection Company: South Florida Inspect	ors			Phone: 786-2	18-2844				
Qualified Inspecto	r - I hold a	n active license 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.								
		under Section 468.607, Flor							
-		ntractor licensed under Sec		a Statutes.					
_		der Section 471.015, Florid							
		ler Section 481.213, Florid		1:£4:					
		ion 627.711(2), Florida Sta		ary quanncau	ons to properly complete a uniform mitigation				
I, Noslandy Gonzale:	z am a quali neers only) I her work. ignature: y who knowin stigation by to sing agency o s this form shoerformed the	had my employee (No Noslandy Gonzalez ngly or through gross rethe Florida Division of rethe criminal prosecution all be directly liable for the inspection.	oslandy Gonzalez (print name of ins Date: negligence provid Insurance Fraud on. (Section 627.7)	ed the inspector) 02/18 es a false of and may b 711(4)-(7), I	r fraudulent mitigation verification e subject to administrative action by Florida Statutes) The Qualified ees as if the authorized mitigation				
residence identified or	this form and	that proof of identifica	ation was provided	d to me or m	yee did perform an inspection of the y Authorized Representative.				
Signature:		Da	te: 02/18/	2023	_				
obtain or receive a di	scount on an		which the individ		tion verification form with the intent to y is not entitled commits a				
The definitions on thi feature as offering pr			only and cannot b	e used to ce	rtify any product or construction				
Inspectors Initials	NG	Property Address	8058 Aberdee	en Dr, Boynt	on Beach, FL 33472				
*This verification for inaccuracies found on		up to five (5) years pro	ovided no materia	l changes ha	ave been made to the structure or				

Photos



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Additional Information