

# Uniform Mitigation Verification Inspection Form

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

|   |                   |                 |
|---|-------------------|-----------------|
| Inspection Date: 02/27/14                             |                   |                 |
| <b>Owner Information</b>                              |                   |                 |
| Owner Name: Amelia Lakes Condominium Association Inc. |                   | Contact Person: |
| Address: 2380 Bayou Lane Units 1-14                   |                   | Home Phone:     |
| City: Naples  | Zip: 34112        | Work Phone:     |
| County: Collier                                       |                   | Cell Phone:     |
| Insurance Company:                                    |                   | Policy #:       |
| Year of Home: 2005                                    | # of Stories: Two | Email:          |

**NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.**

- Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?

A. Built in compliance with the FBC: Year Built 2005. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) 08 / 14 / 2003

B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built \_\_\_\_\_. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_\_\_

C. Unknown or does not meet the requirements of Answer "A" or "B"
- Roof Covering:** 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.

| 2.1 Roof Covering Type:                                   | Permit Application Date | FBC or MDC Product Approval # | Year of Original Installation or Replacement | No Information Provided for Compliance |
|---|-------------------------|-------------------------------|--|--|
| <input type="checkbox"/> 1. Asphalt/Fiberglass Shingle    | _ / _ / _               | _____                         | _____  | <input type="checkbox"/>               |
| <input checked="" type="checkbox"/> 2. Concrete/Clay Tile | <u>08 / 14 / 2003</u>   | _____                         | <u>2005</u>                                  | <input type="checkbox"/>               |
| <input type="checkbox"/> 3. Metal                         | _ / _ / _               | _____                         | _____  | <input type="checkbox"/>               |
| <input type="checkbox"/> 4. Built Up                      | _ / _ / _               | _____                         | _____  | <input type="checkbox"/>               |
| <input type="checkbox"/> 5. Membrane                      | _ / _ / _               | _____                         | _____  | <input type="checkbox"/>               |
| <input type="checkbox"/> 6. Other _____                   | _ / _ / _               | _____                         | _____  | <input type="checkbox"/>               |

- 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) a 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 roof coverings meet the requirements of Answer "A" or "B".
- Roof Deck Attachment:** What is the **weakest** form of roof deck attachment?

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 field. -OR- Batten decking supporting 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.

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 field. -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 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 field. -OR- 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

**Inspectors Initials** JP **Property Address** 2380 Bayou Lane Units 1-14 Naples, Florida 34112

