Uniform Mitigation Verification Inspection Form Maintain a copy of this form and any documentation provided with the insurance policy

	ins form and any C	iocumentation pi	Tovided with the insuran	ce policy				
Inspection Date: 09/12/2023								
Owner Information			Contact D.					
Owner Name: Bryn Mawr Clubhouse			Contact Person:					
Address: 5055 N A1A	7		Home Phone:					
City: Ft. Pierce	Zip: 34949		Work Phone: Cell Phone:					
County: St Lucie								
Insurance Company: Policy #:								
Year of Home: 2003	# of Stories: 1		Email: juliet@elliottr	nerrill.com				
NOTE: Any documentation used in val accompany this form. At least one phot though 7. The insurer may ask addition	ograph must accomp	any this form to va	llidate each attribute marke	ed in questions 3				
 Building Code: Was the structure builthe HVHZ (Miami-Dade or Broward composed in the HVHZ (Miami-Dade or Broward composed in the HVHZ (Miami-Dade or Broward composed in the HVHZ Only: Building Per Building Per Building Per Building Per Building Per Building Per Building Covering: Select all roof covering Covering: Select all roof covering Covering Covering Installation (Parallel Select all Per Building P	ounties), South Florida 3C: Year Built 2003 mit Application Date of compliance with the SFI a date after 9/1/1994: Exequirements of Answer	Building Code (SF For homes bu For homes bu BC-94: Year Built _ Building Permit App er "A" or "B" e the permit applicate	BC-94)? iilt in 2002/2003 provide a pe For homes built in 1 ilication Date (MM/DD/YYYY) tion date OR FBC/MDC Proc	ermit application with 1994, 1995, and 1996 duct Approval number				
OR Year of Original Installation/Repla covering identified.	cement OK indicate th	iat no information w	as available to verify compile					
Pern 2.1 Roof Covering Type:	nit 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								
3. Metal								
4. Built Up								
5. Membrane								
☑ 6. Other Wood shake			2020					
6. Other Wood Shake			2020	Ц				
 A. All roof coverings listed above installation OR have a roofing per B. All roof coverings have a Miam roofing permit application after 9/2 C. One or more roof coverings do D. No roof coverings meet the requ 	mit application date on ni-Dade Product Appro 1/1994 and before 3/1/2 not meet the requirement uirements of Answer "	or after 3/1/02 OR eval listing current a 2002 OR the roof is ents of Answer "A" A" or "B".	the roof is original and built t time of installation OR (for original and built in 1997 or	in 2004 or later. the HVHZ only) a				
3. Roof Deck Attachment: What is the variable A. Plywood/Oriented strand board by staples or 6d nails spaced at 6' shinglesOR- Any system of screen mean uplift less than that required □ B. Plywood/OSB roof sheathing variable 24"inches o.c.) by 8d common naing other deck fastening system or true a maximum of 12 inches in the field. □ C. Plywood/OSB roof sheathing variable 24"inches o.c.) by 8d common naing decking with a minimum of 2 nail Any system of screws, nails, adhered.	(OSB) roof sheathing along the edge and 1 ws, nails, adhesives, of for Options B or C believith a minimum thickn als spaced a maximum ss/rafter spacing that is do n has a mean uplification with a minimum thickn als spaced a maximum sper board (or 1 nail psives, other deck faste	attached to the roof 2" in the fieldOR ther deck fastening allow. less of 7/16"inch atta of 12" inches in the stresistance of at lea dess of 7/16"inch atta of 6" inches in the per board if each boaring system or trust	ached to the roof truss/rafter of fieldOR- Any system of scapulation of the roof truss/rafter of fieldOR- and system of scapulation of truss/rafter of the roof truss/r	wood shakes or wood that has an equivalent (spaced a maximum of crews, nails, adhesives, ce than 8d nails spaced (spaced a maximum of aber/Tongue & Groove inches in width)OR-				
*This verification form is valid for up to	ress_5055 N A1A, Ft. P o five (5) years provid		nges have been made to the	e structure, or				

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

		182 psf.	istance than 8d common hans spaced a maximum of 6 inches in the field of has a mean upint resistance of at least
		D. Reinforce	d Concrete Roof Deck.
		E. Other:	
		F. Unknown	or unidentified.
		G. No attic ac	ccess.
4.	5 fe	eet of the inside	achment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within e 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
	Mi	nimal conditio	ons 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. 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 Wr	
			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 W	
			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. Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F. Other:	
		G. Unknown	or unidentified
		H. No attic ac	ccess
5.			What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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: 22 feet; Total roof system perimeter: 246 feet
		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 Roo	f Any roof that does not qualify as either (A) or (B) above.
6.	Sec	condary Water	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
		A. SWR (also	o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the
		_	or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the
			from water intrusion in the event of roof covering loss.
	/	B. No SWR.	or undetermined.
	لث	C. CHKHOWII	
In	spec	tors Initials	Property Address 5055 N A1A, Ft. Pierce, FI 34949

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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.

	ening Protection Level Chart an "X" in each row to identify all forms of protection in use for each		Non-Glazed Openings				
openi form	ing type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		X	X	X		X
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	X				X	
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						
N	Opening Protection products that appear to be A or B but are not verified						
IN .	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						

- 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

🗹 A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

- 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.2 One or More Non-Glaze X in the table above	ed openings classified as Level D in the	table above, and no Non-Glazed	openings classified as Level	B, C, N, or
☐ A.3 One or More Non-Glaze	ed Openings is classified as Level B, C,	N, or X in the table above		
B. Exterior Opening Pro	tection- Cyclic Pressure and 4 t	o 8-lb Large Missile (2-4.5	lb for skylights only)	All Glazed
openings are protected at a	minimum with impact resistant co	overings or products listed as	windhorne debris protection	on devices

- **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 <u>and</u> 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 S	Structural	Panels	meeting	FBC	2007	All	Glazed	openings	are	covered	with
plywood/OSB meeting the requirement	nents of Ta	ble 1609.1.	.2 of the	FBC 2007	7 (Lev	el C in	the	table abo	ove).			

C 1 All Non-Glazed openings classified as A B or C in the table above, or no Non-Glazed openings of		C 1	All Non-Glaze	d openings c	laccified ac A	Rο	r C in the table abo	ve or no Non-Glaze	d openings e
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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 Property Address 5055 N A1A, Ft. Pierce, Fl 34949

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N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of An							
with no documentation of compliance (Level N in the ta		ins that appear to meet Answer A of B					
N.1 All Non-Glazed openings classified as Level A, B, C, o	· ·	Glazed openings exist					
N.2 One or More Non-Glazed openings classified as Level table above							
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above						
☐ X. None or Some Glazed Openings One or more Glazed	ed openings classified and Leve	el X in the table above.					
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov							
Qualified Inspector Name: Jason Vetter	License Type: HI 7772	License or Certificate #: Florida Home Inspector HI 7772					
Inspection Company: John Vetter & Sons, Inc.	Ph	one: 772 696 3347					
Qualified Inspector – I hold an active license as a	: (check one)						
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board Building code inspector certified under Section 468.607, Florida	es who has completed the statutory and completion of a proficiency ex						
General, building or residential contractor licensed under Section							
Professional engineer licensed under Section 471.015, Florida St							
Professional architect licensed under Section 481.213, Florida St							
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute	ssing the necessary qualifications t	to properly complete a uniform mitigation					
Individuals other than licensed contractors licensed under	Section 489.111, Florida Statı	utes, 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, Jason Vetter 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.	(print name or i	inspector)					
Qualified Inspector Signature: _	Date: 09/12/20	023					
An individual or entity who knowingly or through gross ne subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection.	e Fraud and may be subject t ection 627.711(4)-(7), Florida	o administrative action by the Statutes) The Qualified Inspector who					
<u>Homeowner to complete</u> : I certify that the named Qualified residence identified on this form and that proof of identification							
Signature: I	Date:						
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)							
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to certi	ify any product or construction feature					
Inspectors Initials Property Address 5055 N A1A, Ft	. Pierce, Fl 34949						
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inaccuracies found on the form.













2 nails

















