# Uniform Mitigation Verification Inspection Form

Maintain a copy of this form with insurance policy

Inspection Date: 1/12/07

## Owner Information

| | | |
|---|---|---|
| Owner Name: Pebble Beach Villas | | Contact Person: |
| Address: 5100 N. A1A | | Home Phone: |
| City: Vero Beach, FL | Zip: 32963 | Work Phone: |
| County: Indian River | | Cell Phone: |
| Insurance Company: | | Policy #: |
| Year of Home: 1975 | # of Stories: 2 - Bldg. C | Email: |

1. Roof Covering: *Date of Installation:* 2003

   ☒ At a minimum meets the 2001 Florida Building Code or the 1994 South Florida Building Code.

   ☐ Does not meet the above minimum requirements.

   ☐ Unknown or Undetermined.

2. Roof Deck Attachment: What is the weakest form of roof deck attachment?

   ☒ Plywood/OSB roof sheathing attached to the roof truss/rafter (spaced a maximum of 24 • o.c.) by 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 resistance of 55 psf.

   Plywood/OSB roof sheathing with a minimum thickness of ½ • attached to the roof truss/rafter (spaced a maximum of 24 • o.c.) by 8d nails spaced 6 • along the edge and 12 • in the field.-OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 103 psf.

   ☐ Plywood/OSB roof sheathing with a minimum thickness of ½ • attached to the roof truss/rafter (spaced a maximum of 24 • o.c.) by 8d nails spaced 6 • along the edge and 6 • in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 182 psf.

   ☐ Reinforced Concrete Roof Deck.

   ☐ Unknown, unidentified or no attic access.

3. Roof to Wall Attachment: What is the weakest roof to wall connection?

| | |
|---|---|
| ☐ Toe Nail | Rafter/truss anchored to top plate of wall using nails driven at an angle through the rafter/truss and attached to the top plate of the wall. |
| ☒ Clips | Metal attachments on every rafter/truss that are nailed to one side (or both sides in the case of a diamond type clip) of the rafter/truss and attached to the top plate of the wall frame or embedded in the bond beam. |
| ☐ Single Wraps | Metal Straps must be secured to every rafter/truss with a minimum of 3 nails, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. The Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place. |
| ☐ Double Wraps | Both Metal Straps must be secured to every rafter/truss with a minimum of 3 nails, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. Each Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place. |
| ☐ Structural | Anchor bolts, structurally connected or reinforced concrete roof. |
| ☐ Unknown | Unknown, unidentified or no attic access. |



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4. Roof Geometry: What is the roof shape(s)? (Porches or carports that are not structurally connected to the main roof system are not considered in the roof geometry determination)

☒ Hip Roof — Hip roof with no other roof shapes greater than 50% of any major wall length.

☐ Other — Any other roof shape or combination of roof shapes including hip, gable, flat, gambrel, mansard and other roof shapes.

5. Gable End Bracing: For roof structures that contain gables, please check the weakest that apply:

☐ Gable End(s) are NOT braced.

☐ Gable End(s) are braced at a minimum in accordance with the 2001 Florida Building Code.

☒ Not applicable, unknown or unidentified.

6. Wall Construction Type: Check all wall construction types for exterior walls of the structure and percentages for each:

| | | | |
|---|---|---|---|
| ☐ Wood Frame | ____% | ☐ Un-Reinforced Masonry | ____% |
| ☐ Reinforced Masonry | 100 % | ☐ Poured Concrete | ____% |
| ☐ Other: ____ | ____% | | |

7. Secondary Water Resistance (SWR): (standard underlayments or hot mopped felts are not SWR)

☒ SWR — Self adhering polymer modified bitumen roofing underlayment ***applied directly to the sheathing*** or foam SWR Barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion.

☐ No SWR

8. Opening Protection: What is the weakest form of wind borne debris protection installed on the structure? (Exterior openings include, but are not limited to: windows, doors, garage doors, skylights, etc. Product approval may be required for opening protection devices without proper rating identification)

☐ Hurricane — All exterior openings are fully protected at a minimum with impact resistant coverings, impact resistant doors and/or impact resistant glazing that meets the requirements of one of the following for •Large Missile Impact:
Miami-Dade County PA 201, 202 and 203
Florida Building Code TAS 201, 202 and 203
ASTM E 1886 and ASTM E 1996 (Missile Level C • 9 lb)

☐ Basic — All exterior openings are fully protected at a minimum with impact resistant coverings, impact resistant doors and/or impact resistant glazing that meets the requirements for •Small Missile Impact•.

☐ Not Rated — Only glazed openings are covered with; impact resistant coverings/products -OR- shutter protection devices manufactured before 1994 that cannot be identified as Miami/Dade or FBC product approved. This rating also applies to wood structural panels that do not meet the requirements of Section 1609 and Table 1609.1.4 of the 2004 FBC (2006 supplement).

☐ Wood Panels — Plywood/OSB meeting the requirements of Section 1609 and Table 1609.1.4 of the 2004 FBC (2006 supplement).

☒ None — One or more exterior openings are not covered with wind borne debris protection. This rating also applies to after-market window films.

***MITIGATION INSPECTIONS MUST BE PERFORMED BY A QUALIFIED INSPECTOR.***
**For a listing of Individuals and/or Companies meeting these qualifications contact your Insurance Agent.**

In my professional opinion, based on my knowledge, information and belief, I certify that the above listed statements are true and correct.

| | | |
|---|---|---|
| Inspector Name: Christopher Smith | License Type: CG | License #: CGC 1510000 |
| Inspection Company: Jarvis Emergency Services Inc | | Phone: 772-778-1935 |
| Inspector Signature: | | Date: 9/9/08 |
| Homeowner/Applicant Signature: | | Date: |

OIR •B1- 1802 (Rev. 07/07)
*This verification form is valid up to five (5) years provided no material changes have been made to the structure.

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