

## CONSTRUCTION

## Uniform Mitigation Verification Inspection

Donald C Nielsen

State Certified General Contractor CGC049839

120 Bardmoor Cir

Daytona Beach, Florida 32114

386-214-8348



**Beacon Point Condo** 

4590 S Atlantic Ave

Ponce Inlet, Florida 32127

**North Building** 

Uniform Mitigation Verification Inspection Form

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

Owner Information Owner Address: 4590 S Atlantic Ave  City: Ponce Inlet  Zip: 32127  Work Phone: Process: Judy Rooney  Honce Phone:  City: Ponce Inlet  Zip: 32127  Work Phone: 724-355-7696  County: Voltsia  FL  Cell Phone:  Delicy #:  Vear of Home: 1974  # of Stories: 3  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 though 7. The insurer may ask additional questions regarding the mitigate for attricy olverified on this form.  1. Building Cnde: Was the structure built in compliance with the FID: Year Duilt — For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date ownsorm? — / For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date ownsorm? — / / For homes built in 1994, 1995, and 1996 provides a permit application with a date after 9/1/1994; Building Permit Application Date ownsorm? — / / / / / / / / / / / / / / / / / /	Inspection Date: May 4, 2018				
Address: 4590 S Atlantic Ave    Item	Owner Information				
City: Ponce Inlet    Zip: 32127   Work Phone: 724-355-7696    County: Volusia	Owner Name: Beacon Point Condo No	rth Building			Rooney
County: Volusia    Policy #:	Address: 4590 S Atlantic Ave				
Tourismance Company:   Policy #:   Email:   Email:	City: Ponce Inlet	Zip: 32127			5-7696
Year of Home: 1974	County: Volusia	FL			
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 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.  1. Building Code: Was the structure built in compliance with the FIO: 4 rear Built and the HVIIZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVIIZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVIIZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVIIZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2001) or later) OR for homes located in the HVIIZ (Miami-Dade or Broward counties). South Florida Building Code (FBC 2002) provide a permit application with a date after 31/12002: Building Permit Application Date oscorovyro	Insurance Company:			Policy #:	
accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.  1. Building Code: Was the structure built in compliance with the Florida Building Code (SFBC-940?  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 (Date Oncorver) For homes built in 1994, 1995, and 1996 provide a permit application with the a tea fare 7/1/1994: Built in compliance with the SFBC-941? Year Built For homes built in 1994, 1995, and 1996 provide a permit application with the attended a permit application with the after 7/1/1994: Building Permit Application Date Oncorvering 1995, and 1996 provide a permit application with the attended a permit application date of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.  2. 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 Product Approval in Product Approval in Product Application Product Application Product Approval in Product Application Product Approval in Product Approval in Product Application of Product Approval in Product Approval in Product Application of Product Approval in Product Approval in Product Application of Product Approval in Product Appro	Year of Home: 1974	# of Stories: 3		Email:	
the HVIIZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?  A. Built in compliance with the FBC: Year Built	accompany this form. At least one phot	ograph must accom	pany this form to valid	ate each attribute marke	d in questions 3
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 97/1/1994: Building Permit Application Date owerenvyy	1. <u>Building Code</u> : Was the structure but the HVHZ (Miami-Dade or Broward of	lt in compliance with counties), South Flori	n the Florida Building Co da Building Code (SFBC	ode (FBC 2001 or later) OF C-94)?	t for homes located in
provide a permit application with a date after 9/1/1994. Building Permit Application Date OMPDETVIVY					rmit application with
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OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.    1.1 Roof Covering Type:   Permit Application   Permit Application   Permit Number   Provided for Compliance   Provided for Compliance   Provided for Compliance   Provided for Compliance   Permit Number   Permit Numbe	C. Unknown or does not meet the	requirements of Ans	wer "A" or "B"		
1. Asplably Fiberglass Shangle     Permit Number     Permit Number	OR Year of Original Installation/Repla	ng types in use. Provincement OR indicate	ide the permit application that no information was	n date OR FBC/MDC Prod available to verify complia	ance for each roof
2. Conserence Clay Tile   10711717   BLDC001416-   2017       4. Built Up   2017					
3. Metal	1. Asphalt/Fiberglass Shingle	<u></u>			
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 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".    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 woo shinglesOR- Any system of screws, nails, adhesives, other deck fastening system for 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 of the deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails space 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 fieldOR- Dimensional lumber/Tongue & Groov decking with a minimum of 2 nails per bo	2. Concrete/Clay Tile	1 1	Permit Number		
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inaccuracies found on the form.	24"inches o.c.) by 8d common not decking with a minimum of 2 national decking with a minimum of 3 national decking with a	ils spaced a maximu ls per board (or 1 na	um of 6" inches in the fie il per board if each board	eldOR- Dimensional lum I is equal to or less than 6	iber/Tongue & Groovinches in width)OR
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	inaccuracies found on the form.				

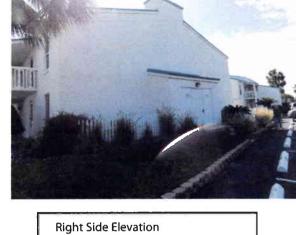
		Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equival or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.	ent ast
		D. Reinforced Concrete Roof Deck.	
	님	E. Other:	
	片	F. Unknown or unidentified.	
	Ш	G. No attic access.	
4.		f to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks with the of the inside or outside corner of the roof in determination of WEAKEST type)	ıin
	ш	A. Toe Nails  Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached the top plate of the wall, or	l to
		Metal connectors that do not meet the minimal conditions or requirements of B, C, or D	
	Mir	imal conditions to qualify for categories B, C, or D. All visible metal connectors are:	
	14111	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.	n
	$\boxtimes$	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 position requirements of C or D, but is secured with a minimum of 3 nails.	ıail
		C. Single Wraps	1
		Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured wit minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.	na
		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 wi a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or	th
		Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall o both sides, and is secured to the top plate with a minimum of three nails on each side.	n
		E. Structural Anchor bolts structurally connected or reinforced concrete roof.  F. Other:	
	Ħ	G. Unknown or unidentified	
	百	H. No attic access	
5.	Ro the	of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or walloost structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).	. of
		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	
		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	
	X	C. Other Roof Any roof that does not qualify as either (A) or (B) above.	
6.	Sec X	A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to 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 SWR.  C. Unknown or undetermined.	the
10	spec	ors Initials DCN Property Address 4590 S Atlantic Ave Ponce Inlet FL 32	127
		erification form is valid for up to five (5) years provided no material changes have been made to the structure or	
		racies found on the form. 1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155  Page 2 of 4	
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	ening Protection Level Chart		Glazed O	penings			Glazed
openi form	an "X" in each row to identify all forms of protection in use for each 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 reakest form of protection (lowest row) for Non-Glazed openings.	Window or Entry Doors	Garage	Skylights	Glass Block	Entry Doors	Garag
N/A	Not Applicable- there are no openings of this type on the structure		$\boxtimes$	X	X		X
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007					WE I	
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						
	Other protective coverings that cannot be identified as A, B, or C						Ī
X	No Windborne Debris Protection	X		U.B.		X	
	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 classified as Level D in the table above X in the table above  A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Levenings are protected, at a minimum, with impact resistant coverings of the product approval system of the State of Florida or Miami-Dade C	we, and not the table arge Minor produce	Non-Glazed above ssile (2-4.1	5 lb for s	kylights ne debris	only)	All Gl
fo	<ul> <li>"Cyclic Pressure and Large Missile Impact" (Level B in the table about ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)</li> </ul>	ove):					
	• 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 No			kist			
	B.2 One or More Non-Glazed openings classified as Level D in the table above in the table above				classified	as Level	C, N, o
		4-616					
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the						
ply	Exterior Opening Protection- Wood Structural Panels meeting twood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20	g FBC 007 (Leve	2007 All el C in the t	Glazed o table abov	penings e).	are co	vered
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n	o Non-G	azed openin	gs exist			
	C.2 One or More Non-Glazed openings classified as Level D in the table above the table above		-	_	classified	as Level	N or X
	C.3 One or More Non-Glazed openings is classified as Level N or X in the tab	ole above					

THE ASSESSMENT OF THE PARTY OF	(Level N in the table above).  as Level A, B, C, or N in the table above, or no No	on-Glaze	d openings exist	
	classified as Level D in the table above, and no No			vel X in the
N.3 One or More Non-Glazed openings	is classified as Level X in the table above			
X. None or Some Glazed Openings	One or more Glazed openings classified and L	evel X i	n the table above.	
	CTIONS MUST BE CERTIFIED BY A QUAL ida Statutes, provides a listing of individuals			
Qualified Inspector Name:  Donald C Nielsen	License Type: Certified General Contrac	ctor	License or Certificate #: CGC049839 and HI2	160
Inspection Company: Nielsen Construction, LLC		Phone: 386-	214-8348	
Qualified Inspector – I hold an activ	ve license as a: (check one)			
Home inspector licensed under Section 468.8 training approved by the Construction Industr	314, Florida Statutes who has completed the statut ry Licensing Board and completion of a proficiency		per of hours of hurricane m	itigation
Building code inspector certified under Section				
	ensed under Section 489.111, Florida Statutes.			
Professional engineer licensed under Section Professional architect licensed under Section				
<u></u>	the insurer as possessing the necessary qualificatio	ns to pro	perly complete a uniform r	nitigation
verification form pursuant to Section 627.711				
and I agree to be responsible for his her w	vort.	of inspe	rform the inspection ctor)	
and I agree to be responsible for his/her w Qualified Inspector Signature:	ork. (print name of Date: May 4	of inspe	ctor)	-4 <b>6</b>
and I agree to be responsible for his her w Qualified Inspector Signature:  An individual or entity who knowingly or to subject to investigation by the Florida Dividappropriate licensing agency or to crimina certifies this form shall be directly liable for	vort.	, 2018 r fraudict to adida Stat	ulent mitigation verifice ministrative action by to utes) The Qualified Ins	the pector who
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Front Elevation





**Rear Elevation** 



Left Side Elevation



Roof Deck Attachment 8d



Roof Deck Nail Spacing 6"



clips with 3 nails



Clips with 4 nails



clips



clips with 4 nails

























