

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

South Building

Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy Inspection Date: May 4, 2018 **Owner Information**

Address 1500 Carrier Point Condo S	South Building		Contact Person: Jud	y Rooney
Address: 4590 S Atlantic Ave	1-		Home Phone:	
City: Ponce Inlet	Zip: 32127		Work Phone: 724-35	5-7696
County: Volusia	FL		Cell Phone:	
Insurance Company:			Policy #:	
Year of Home: 1974	# of Stories: 3		Email:	
NOTE: Any documentation used in vaccompany this form. At least one phthough 7. The insurer may ask additi	otograph must accon	ipany this form to valid	late each attribute marke	d in questions 2
Building Code: Was the structure be the HVHZ (Miami-Dade or Broward)	uilt in compliance with	the Florida Building Co	ode (FBC 2001 or later) OF	
A. Built in compliance with the a date after 3/1/2002: Building P	FBC: Year Built	. For homes built	in 2002/2003 provide a per	mit application with
B. For the HVHZ Only: Built in provide a permit application with	compliance with the S	FBC-94: Year Built	For homes built in 19	994, 1995, and 1996
C. Unknown or does not meet th	e requirements of Ans	wer "A" or "B"	· · · · · · · · · · · · · · · · · · ·	
 Roof Covering: Select all roof cover OR Year of Original Installation/Rep covering identified. 	ring types in use. Provi lacement OR indicate	de the permit application that no information was	n date OR FBC/MDC Prod available to verify complia	uct Approval number ince for each roof
2.1 Roof Covering Type:	ermit Application Date	FBC or MDC Product Approval#	Year of Original Installation or Replacement	Provided for Compliance
1. Asphalt/Fiberglass Shingle	_//			
2. Concrete/Clay Tile	1 1	Permit Number		ñ
3. Metal	1-15-18	BIBC000030-	2018	H
4. Built Up	7 7	2018		H
5. Membrane		-	-	
6. Other			-	님
			-	
A. All roof coverings listed above installation OR have a roofing pe	rmit application date of	on or after 3/1/02 OR the	roof is original and built in	1 2004 or later.
B. All roof coverings have a Mia roofing permit application after 9	$\frac{1}{1994}$ and before $\frac{3}{1}$	1/2002 OR the roof is ori	ginal and built in 1997 or l	ne HVHZ only) a ater.
C. One or more roof coverings do			"B".	
D. No roof coverings meet the re-	quirements of Answer	"A" or "B".		
3. Roof Deck Attachment: What is the				
A. Plywood/Oriented strand boar by staples or 6d nails spaced at 6 shinglesOR- Any system of scr mean uplift less than that required	o" along the edge and ews, nails, adhesives,	12" in the fieldOR- B other deck fastening syst	atten decking supporting v	vood shakes or wood
B. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common na other deck fastening system or true a maximum of 12 inches in the field.	with a minimum thick tils spaced a maximum uss/rafter spacing that i eld or has a mean upli	ness of 7/16"inch attache of 12" inches in the fiel is shown to have an equi ft resistance of at least 10	ldOR- Any system of scre valent or greater resistance 03 psf.	ews, nails, adhesives, than 8d nails spaced
C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common na decking with a minimum of 2 nai	alls spaced a maximum ls per board (or 1 nail	of 6" inches in the field per board if each board	dOR- Dimensional lumb	er/Tonone & Groove
Inspectors Initials DCN Property Add	ress 4590 S Atlantic	Ave	Ponce inlet	FL 32127
*This verification form is valid for up t inaccuracies found on the form.	o five (5) years provid	ded no material change	s have been made to the s	tructure or

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		or		f screws, nails, adhesives, other deck fastening system or truss/rafter space stance than 8d common nails spaced a maximum of 6 inches in the field of		
		D.	Reinforce	d Concrete Roof Deck.		
			Other:			
	닏			or unidentified.		
	Ш	G.	No attic ac	ccess.		
4.		et c		achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include or outside corner of the roof in determination of WEAKEST type)	e attachment of hip/valley	jacks within
		A.		Truss/rafter anchored to top plate of wall using nails driven at an angle the top plate of the wall, or	through the truss/rafter an	d attached to
				Metal connectors that do not meet the minimal conditions or requirements	of B, C, or D	
	Міт	im	al conditio	ns 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	발	
			☒	Attached to the wall top plate of the wall framing, or embedded in the bond the blocking or truss/rafter and blocked no more than 1.5" of the truss/raft corrosion.		
	\boxtimes	B.	Clips			
			\boxtimes	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 position requirements of C or D, but is secured with a minimum of 3 nails.		meet the nail
	Ш	C.	Single Wr	aps Metal connectors consisting of a single strap that wraps over the top of	f the tmiss/rafter and is se	oured with a
		D	Double W	minimum of 2 nails on the front side and a minimum of 1 nail on the oppo		cured with a
		υ.	Double W	Metal Connectors consisting of 2 separate straps that are attached to the was beam, on either side of the truss/rafter where each strap wraps over the top a minimum of 2 nails on the front side, and a minimum of 1 nail on the op	of the truss/rafter and is s	
				Metal connectors consisting of a single strap that wraps over the top of the both sides, and is secured to the top plate with a minimum of three nails or	truss/rafter, is secured to	the wall on
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.		
			Other:			
		G.	Unknown	or unidentified		
	Ш	H.	No attic ac	ccess		
5.				What is the roof shape? (Do not consider roofs of porches or carports that a over unenclosed space in the determination of roof perimeter or roof area for		
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof s Total length of non-hip features: feet; Total roof system perim	•	
		В.	Flat Roof	Roof on a building with 5 or more units where at least 90% of the mai	in roof area has a roof slop	
	X	C.	Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; To Any roof that does not qualify as either (A) or (B) above.	tal roof areas	q ft
		A. B.	SWR (also sheathing of dwelling fi No SWR.	Resistance (SWR): (standard underlayments or hot-mopped felts do not conclude Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing from adhesive SWR barrier (not foamed-on insulation) applied as a support water intrusion in the event of roof covering loss.	ng underlayment applied d	
In	spec	tors	Initials D	CN Property Address 4590 S Atlantic Ave	Ponce Inlet	FL 32127
				rm is valid for up to five (5) years provided no material changes have b	een made to the structur	e or
				n the form. 01/12) Adopted by Rule 69O-170.0155	Page 2 of 4	
				· •		

Ope	ning Protection Level Chart			Gla	zed O	penir	gs		\neg		Glazed inings
openi form	an "X" in each row to identify all forms of protection in use for each ng 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.	or E	dows intry ors		rage oors	Sk	lights	Gla Blo		Entry Doors	Garag Doors
N/A	Not Applicable- there are no openings of this type on the structure				X		X	X			\times
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)								Ц		
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)							L	Ц	Щ	
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007		J		_			L	Ц	Ш	
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										
	Opening Protection products that appear to be A or B but are not verified			ſ	1	Г		Г	П	П	
N	Other protective coverings that cannot be identified as A, B, or C		1	Ī		Ī		Ī	Ħ		
x	No Windborne Debris Protection		3							X	
	 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-Gazed 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 Interiors are protected, at a minimum, with impact resistant coverings the product approval system of the State of Florida or Miami-Dade Cyclic Pressure and 4 to 8-lb Interiors are protected. 	ve, and the the arge or pro	d no Nable a Missoduct	bove sile	Glaze	5 lb	for s	kyli:	ghts bris	only)	All Gl ion de
fo	"Cyclic Pressure and Large Missile Impact" (Level B in the table ab ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)	ove):									
	SSTD 12 (Large Missile – 4 lb. to 8 lb.)										
	• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large	Mise	ile - 2	to 4	5 lb 1						
	B.1 All Non-Glazed openings classified as A or B in the table above, or no N										
	B.2 One or More Non-Glazed openings classified as Level D in the table about in the table above			-	-		enings	class	ified	as Leve	C, N,
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in th	e table	abov	е							
	Exterior Opening Protection- Wood Structural Panels meeting twood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20								ings	are co	vered
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or	•						ŕ			
	C.2 One or More Non-Glazed openings classified as Level D in the table about the table above				-	_		class	ified	as Leve	N or X
	C.3 One or More Non-Glazed openings is classified as Level N or X in the ta	ble ab	ove								
							once				FL 32

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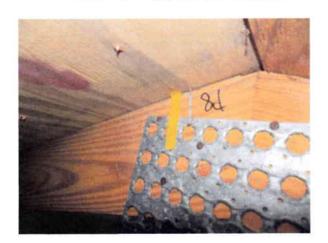
with no documentation of compliance ((Level N in the table above).	or systems that appear to meet Answer "A" or "E
	as Level A, B, C, or N in the table above, or	
N.2 One or More Non-Glazed openings of table above	classified as Level D in the table above, and	no Non-Glazed openings classified as Level X in the
N.3 One or More Non-Glazed openings i	is classified as Level X in the table above	
X. None or Some Glazed Openings O	one or more Glazed openings classified	and Level X in the table above.
MITIGATION INSPEC Section 627.711(2), Florid	CTIONS MUST BE CERTIFIED BY A Q	QUALIFIED INSPECTOR. duals who may sign this form.
Qualified Inspector Name: Donald C Nielsen	License Type: Certified General Co	License or Certificate #:
Inspection Company: Nielsen Construction, LLC		Phone: 386-214-8348
Qualified Inspector - I hold an activ	ve license as a: (check one)	1 333 233 233
Home inspector licensed under Section 468.83 training approved by the Construction Industry	B14, Florida Statutes who has completed the y Licensing Board and completion of a profi	statutory number of hours of hurricane mitigation iciency exam.
Building code inspector certified under Section General, building or residential contractor lice		
General, building or residential contractor lice. Professional engineer licensed under Section 4		s.
Professional architect licensed under Section 4		
		fications to properly complete a uniform mitigation
verification form pursuant to Section 627.711((2), Florida Statutes.	and the second s
(print name)		rmed the inspection or (licensed
and I agree to be responsible for his her we	I had my employee ((print na) perform the inspection ame of inspector)
and I agree to be responsible for his her we Qualified Inspector Signature: An individual or entity who knowingly or the subject to investigation by the Florida Division appropriate licensing agency or to criminal certifies this form shall be directly liable for	Date: Morough gross negligence provides a faion of Insurance Fraud and may be sprosecution. (Section 627.711(4)-(7),) perform the inspection ame of inspector) lay 4, 2018 lse or fraudulent mitigation verification form ubject to administrative action by the
and I agree to be responsible for his her we Qualified Inspector Signature: An individual or entity who knowingly or the subject to investigation by the Florida Division appropriate licensing agency or to criminal certifies this form shall be directly liable for performed the inspection. Homeowner to complete: I certify that the residence identified on this form and that proof	I had my employee (perform the inspection ame of inspector) lay 4, 2018 lse or fraudulent mitigation verification form ubject to administrative action by the Florida Statutes) The Qualified Inspector who e authorized mitigation inspector personally remployee did perform an inspection of the
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and I agree to be responsible for his her we Qualified Inspector Signature: An individual or entity who knowingly or the subject to investigation by the Florida Division appropriate licensing agency or to criminal certifies this form shall be directly liable for performed the inspection. Homeowner to complete: I certify that the residence identified on this form and that proof Signature: An individual or entity who knowingly prove obtain or receive a discount on an insurance of the first degree. (Section 627.711(7), Florion The definitions on this form are for inspection as offering protection from hurricanes. Inspectors Initials DCN Property Address. *This verification form is valid for up to five	I had my employee ((print national property of the misconduct of employees as if the mamed Qualified Inspector or his or her for identification was provided to me or identification was provided to me or identification to which the individual or identification or purposes only and cannot be used 4590 S Atlantic Ave	perform the inspection ame of inspector) lay 4, 2018 lse or fraudulent mitigation verification form ubject to administrative action by the Florida Statutes) The Qualified Inspector who e authorized mitigation inspector personally remployee did perform an inspection of the or my Authorized Representative. litigation verification form with the intent to entity is not entitled commits a misdemeanor to certify any product or construction feature Ponce Inlet FL 3212
and I agree to be responsible for his her we Qualified Inspector Signature: An individual or entity who knowingly or the subject to investigation by the Florida Division appropriate licensing agency or to criminal certifies this form shall be directly liable for performed the inspection. Homeowner to complete: I certify that the residence identified on this form and that proof the first degree. (Section 627.711(7), Florical first degree. (Section 627.711(7), Florical first degree. (Section from hurricanes.) Inspectors Initials DCN Property Address	I had my employee ((print na Date: M Date: M	perform the inspection ame of inspector) lay 4, 2018 lse or fraudulent mitigation verification form ubject to administrative action by the Florida Statutes) The Qualified Inspector who e authorized mitigation inspector personally remployee did perform an inspection of the or my Authorized Representative. litigation verification form with the intent to entity is not entitled commits a misdemeanor to certify any product or construction feature Ponce Inlet FL 3212



Front Elevation



Rear Elevation



Roof Deck Attachment 8d



Right Side Elevation



Left Side Elevation



Roof Deck Nail Spacing 6"



clips



Clips with 3 nails



clips with 3 nails



clips with 3 nails



























