

Local Home Inspection LLC

Lakeland, Florida 33801 Phone: 863-513-9426 www.localhomeinspections.net

Wind Mitigation Verification Report





Prepared for

Phone:

Email:

Ву

MD Nasir Uddin

LICORCO #HILLI/6V

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

Inspection Date: 09/12/2022						
Owner Information						
Owner Name:			Contact Person:			
Address: Property Street Address Home Phone:						
City: , FL	Zip: 33823		Work Phone:			
County: Polk			Cell Phone:			
Insurance Company:			Policy #:			
Year of Home: 2003	# of Stories: 1		Email:			
NOTE: Any documentation used in valida	l ating the compliance or	existence of each co	nstruction or mitigation	attribute must		
accompany this form. At least one photog						
though 7. The insurer may ask additional				•		
Building Code: Was the structure built in the HVHZ (Miami-Dade or Broward course).				for homes located in		
A. Built in compliance with the FBC a date after 3/1/2002: Building Perm			2002/2003 provide a perm	nit application with		
B. For the HVHZ Only: Built in comprovide a permit application with a d			. For homes built in 199 n Date _(MM/DD/YYYY)	94, 1995, and 1996		
C. Unknown or does not meet the red	quirements of Answer "A	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. 						
	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
√ 1. Asphalt/Fiberglass Shingle 03/	10/21		03/30/21			
2. Concrete/Clay Tile						
3. Metal				Ä		
4. Built Up						
5. Membrane						
6. Other						
	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 no	C. One or more roof coverings do not meet the requirements of Answer "A" or "B".					
D. No roof coverings meet the requir	rements of Answer "A" of	or "B".				
3. Roof Deck Attachment : What is the wes	akest 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 fieldOR- Batten decking supporting wood shakes or wood shinglesOR- 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 24 inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesive other 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 wit inches o.c.) by 8d common nails spad decking with a minimum of 2 nails p Any system of screws, nails, adhesiv	ced a maximum of 6" inc er board (or 1 nail per bo	ches in the fieldOR- pard if each board is ea	Dimensional lumber/Toqual to or less than 6 inch	ngue & Groove nes in width)OR-		
Inspectors Initials MU_Property Address	Property Street Addre	ess	, FL	33823		
*This varification form is valid for up to five (5) years provided no material changes have been made to the structure						

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	or greater resistant 182 psf.	nce than 8d common nails spaced a maximum of 6 inche	s in the field or has a mean uplift re	sistance of at least
		oncrete Roof Deck.		
	E. Other:			
	F. Unknown or u	unidentified.		
	G. No attic acces	SS.		
4.		ment: What is the <u>WEAKEST</u> roof to wall connection outside corner of the roof in determination of WEAKES		valley jacks within
	A. Toe Nails		31 /	
	_	uss/rafter anchored to top plate of wall using nails driven p plate of the wall, or	at an angle through the truss/rafter	and attached to the
	☐ M	etal connectors that do not meet the minimal conditions of	or requirements of B, C, or D	
	Minimal conditions	to qualify for categories B, C, or D. All visible metal c	onnectors are:	
		cured to truss/rafter with a minimum of three (3) nails, a		
	the	tached to the wall top plate of the wall framing, or embed blocking or truss/rafter and blocked no more than 1.5"		
	☑ B. Clips	rrosion.		
		etal connectors that do not wrap over the top of the truss/	rafter or	
	✓ M	etal connectors with a minimum of 1 strap that wraps over sition requirements of C or D, but is secured with a mini	er the top of the truss/rafter and doe	s not meet the nail
	C. Single Wraps			
	mi	etal connectors consisting of a single strap that wraps of inimum of 2 nails on the front side and a minimum of 1 nails of the front side and a minimum of 1 nails of the front side and a minimum of		secured with a
	D. Double Wrap			
	be	etal Connectors consisting of 2 separate straps that are at am, on either side of the truss/rafter where each strap wra minimum of 2 nails on the front side, and a minimum of	aps over the top of the truss/rafter a	
		etal connectors consisting of a single strap that wraps over th sides, and is secured to the top plate with a minimum		red to the wall on
		chor bolts structurally connected or reinforced concrete r	oof.	
	F. Other:			
	G. Unknown or			
	H. No attic acces	SS		
5.		nat is the roof shape? (Do not consider roofs of porches or or unenclosed space in the determination of roof perimete		
	A. Hip Roof	Hip roof with no other roof shapes greater than 10% of		
	☐ B. Flat Roof	Total length of non-hip features: feet; Total ro- Roof on a building with 5 or more units where at least	90% of the main roof area has a roo	* .
	C. Other Roof	less than 2:12. Roof area with slope less than 2:12 Any roof that does not qualify as either (A) or (B) about		sq ft
6.	A. SWR (also can sheathing or foam	esistance (SWR): (standard underlayments or hot-moppealled Sealed Roof Deck) Self-adhering polymer modified in adhesive SWR barrier (not foamed-on insulation) applianter intrusion in the event of roof covering loss.	-bitumen roofing underlayment app	•
	C. Unknown or	undetermined.		
Insi	pectors Initials MU	Property Address Property Street Address	, FL	33823

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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.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each		Glazed Openings				Non-Glazed Openings	
openi form	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.	Window 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		
Α	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						
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		X			X	X
	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X					
	 American Society for Testing and Materials (ASTM) E 1886 a Southern Standards Technical Document (SSTD) 12 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-GA.2 One or More Non-Glazed openings classified as Level D in the table abo 	lazed openi	ngs exist	d openings	classified	l as Level	l B, C, N,
	X in the table above A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in	n the table a	bove				
oj im fc	Exterior Opening Protection - Cyclic Pressure and 4 to 8-lb Landenings are protected, at a minimum, with impact resistant coverings of the product approval system of the State of Florida or Miami-Dade Cor "Cyclic Pressure and Large Missile Impact" (Level B in the table ab ASTM E 1886 and 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 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 above in the table above	or products county and cove): • Missile - 2 con-Glazed c	listed as meet the to 4.5 lb.)	windborno requireme	e debris nts of or	protection of the	on devices following
	in the table above						
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in th	e table abov	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

FL

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

C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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the table above

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N. Exterior Opening Protection (unverified shutter symptotective coverings not meeting the requirements of An					
with no documentation of compliance (Level N in the ta		sterns that appear to m			
N.1 All Non-Glazed openings classified as Level A, B, C, o	r N in the table above, or no N	Ion-Glazed openings exis	t		
N.2 One or More Non-Glazed openings classified as Level I table above	O in the table above, and no N	on-Glazed openings class	sified as Level X in the		
N.3 One or More Non-Glazed openings is classified as Leve	l X in the table above				
X. None or Some Glazed Openings One or more Glazed	ed openings classified and I	Level X in the table abo	ove.		
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi					
Qualified Inspector Name: MD Nasir Uddin	License Type: Home Inspector	License or Certification			
Inspection Company: Local Home Inspection LLC	Tionic inspector	Phone: 863-513-9426	711111700		
Qualified Inspector – I hold an active license as a	(ahaalt ana)	003-313-9420			
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board	s who has completed the statu	•	nurricane mitigation		
Building code inspector certified under Section 468.607, Florida	Statutes.				
General, building or residential contractor licensed under Section	489.111, Florida Statutes.				
Professional engineer licensed under Section 471.015, Florida St					
Professional architect licensed under Section 481.213, Florida St			: C : L ' L '		
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statutes		ons to properly complete	a uniform mitigation		
Individuals other than licensed contractors licensed under					
under Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dire					
experience to conduct a mitigation verification inspection.	et employee who possesso	es the requisite skin, i	thowieuge, anu		
I, MD Nasir Uddin am a qualified inspector a (print name)	nd I personally performe	d the inspection or (<i>l</i>	icensed		
contractors and professional engineers only) I had my emplo	oyee () perform the in	spection		
and I agree to be responsible for his/her work.	(print name of inspe	ector)			
Qualified Inspector Signature:					
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is					
subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the					
appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally					
performed the inspection.					
Homeowner to complete: I certify that the named Qualified	Inspector or his or her em	nlovee did perform an	inspection of the		
residence identified on this form and that proof of identification					
Signature:I	Oate:				
An individual or entity who knowingly provides or utters a	false or fraudulent mitig	ation verification forn	n with the intent to		
obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)					
The definitions on this form are for inspection purposes only as offering protection from hurricanes.	y and cannot be used to c	ertify any product or	construction feature		
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Right elevation



Rear elevation



Left elevation



Main/front door



Garage door

Inspector: MD Nasir Uddin Photo Page 1



Front window



Rear glass door



Right window



Roof slope/shingles



Roof slope/shingles



Roof slope/shingles

Inspector: MD Nasir Uddin Photo Page 2



Roof slope/shingles



Deck attachments



8d nails



.5" roof deck



Clips



Permit info

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