## Uniform Mitigation Verification Inspection Form

Inspection Date: Maintain a copy of this form and any documentation provided with the insurance policy						
Inspection Date: Dec 18, 2020						
Owner Information						
Owner Name: WIGGINS PRESERVE	Contact Person:					
Address: 688 WIGGINS LAKE DR. NAPLES, FL. 34110			Home Phone:			
City: NAPLES Zip: 34110			Work Phone:			
County: COLLIER			Cell Phone:			
Insurance Company: Policy #:						
Year of Home: 1994 # of Stories: 2 Email:						
NOTE: Any documentation used in value accompany this form. At least one photothough 7. The insurer may ask addition	ograph must accompan nal questions regarding	y this form to valid the mitigated featu	late each attribute marked re(s) verified on this form.	in questions 3		
1. <b>Building Code</b> : Was the structure but the HVHZ (Miami-Dade or Broward of Date of Broward of Date of Broward of Date of Dat	ounties), South Florida E	Building Code (SFBC	C-94)?			
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 (MM/DD/YYYY)///						
B. For the HVHZ Only: Built in c provide a permit application with						
C. Unknown or does not meet the	requirements of Answer	"A" or "B"				
2. <b>Roof Covering:</b> 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.						
Peri 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	<sub>7</sub> 17 <sub>7</sub> 20		2020			
2. Concrete/Clay Tile	/ /					
3. Metal				H		
4. Built Up	<del></del>			H		
H -	<u></u>			$\vdash$		
5. Membrane	<u>//</u>					
6. Other	<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 (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 req	D. No roof coverings meet the requirements of Answer "A" or "B".					
3. Roof Deck Attachment: What is the weakest 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 of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.						
C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common naidecking with a minimum of 2 nail  Inspectors Initials KSL Property Additional Control of the C	ls spaced a maximum of s per board (or 1 nail per	6" inches in the field board if each board	dOR- Dimensional lumber is equal to or less than 6 inc	Tongue & Groove		
roperty Add	ress 000 WIGGING LA	INC DIX. NAFLEC	,, i E. O <del>T</del> I I O			
*This vanification form is valid for up to	· ····································	l no motorial abana	oa haya baan mada ta tha a	turi atriuma am		

This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

	or		f screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent stance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
	D.	Reinforce	d Concrete Roof Deck.
	<b>□</b> E.	Other:	
	<b>F</b> .	Unknown	or unidentified.
	☐ G.	No attic a	ccess.
4.			<b>achment:</b> What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within 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
	Minim	al conditio	ns to qualify for categories B, C, or D. All visible metal connectors are:
		$\checkmark$	Secured to truss/rafter with a minimum of three (3) nails, and
		<b>√</b>	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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.
	<b>√</b> B.	Clips	
		$\checkmark$	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
		Double W	minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
	□ ₽.		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.
	ш	Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.
	1 1		or unidentified
	_	No attic ac	
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).
	П A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
	<b>—</b> В.	Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet  Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of
	<b>✓</b> C.	Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft  Any roof that does not qualify as either (A) or (B) above.
6.	✓ A.  □ B.	SWR (also sheathing dwelling f No SWR.	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) 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.
Ins	<del></del> spectors	Initials <u>K</u>	SL_Property Address 688 WIGGINS LAKE DR. NAPLES, FL. 34110
*T	his veri	fication fo	rm is valid for up to five (5) years provided no material changes have been made to the structure or

inaccuracies found on the form. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Opening Protection Level Chart  Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				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			<b>1</b>		<b>V</b>		
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						$\overline{V}$	<b>✓</b>
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							
Х	No Windborne Debris Protection		✓					
_	For Skylights Only: ASTM E 1886 <u>and</u> 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-G  A.2 One or More 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	ve, an	id no table	Non-Glaze above				1 B, C, 1
oj in	new)ings are protected, at a minimum, with impact resistant coverings on the product approval system of the State of Florida or Miami-Dade C or "Cyclic Pressure and Large Missile Impact" (Level B in the table ab ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)	or pro County	duct y and	s listed as	windborr	ne debris	protection	on devi
	SSTD 12 (Large Missile – 4 lb. to 8 lb.)							
	For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large	Miss	ile - 2	2 to 4.5 lb.)	)			
	B.1 All Non-Glazed openings classified as A or B in the table above, or no N	on-Gl	azed	openings e	exist			
	B.2 One or More Non-Glazed openings classified as Level D in the table abor in the table above	ve, an	d no	Non-Glaze	d openings	s classifie	d as Leve	l C, N, c
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	e tabl	e abo	ve				
	Exterior Opening Protection- Wood Structural Panels meeting ywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20						are co	vered v
	5 1	,				,		
	1 All Non Glazad openings alassified as A. D. or C in the table above, or p.	a Mar	· Cla	zad ananin	ac aviet			
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no C.2 One or More Non-Glazed openings classified as Level D in the table above the table above.			_	-	s classifie	d as Leve	l N or
		ve, an	d no	_	-	s classifie	d as Leve	l N or 2

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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	nswer "A", "B", or C" or systems tha				
N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist  N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the					
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 Level X in	the table above.			
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.  Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.					
Qualified Inspector Name: KENNETH SCOTT LAWRENCE	RESIDENTIAL CONTRACTOR	License or Certificate #:  CRC1329147			
Inspection Company: VERSIFI HOMES INC.	Phone:	239-333-7723			
Qualified Inspector – I hold an active license as a	: (check one)				
Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.  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 Statutes.  Professional architect licensed under Section 481.213, Florida Statutes.  Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.					
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, 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, Kenneth Scott Lawrence am a qualified inspector and I personally performed the inspection or (licensed (print name)  contractors and professional engineers only) I had my employee (N/A) perform the inspection (print name of inspector)  and I agree to be responsible for his/her work.  Qualified Inspector Signature:  Date: Dec 18, 2020  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 residence identified on this form and that proof of identification	n was provided to me or my Authoriz				
Signature:	Date: Dec 18, 2020				
	Character I had a "that the a	6° - 4° - 1° - 1° - 1° - 1° - 1° - 1° - 1			
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 only and cannot be used to certify any product or construction feature as offering protection from hurricanes.					
Inspectors Initials KSL Property Address 688 WIGGINS LAKE DR. NAPLES, FL. 34110					
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	ided no material changes have bee	n made to the structure or			

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FE-1 WINDOWS WITH NO PROTECTION



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FE-3 UNGLAZED DOOR IS WIND RATED



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FE-5 UNGLAZED GARAGE DOOR IS WIND RATED



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**FE-2 ADDRESS VALIDATION** 



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FE-4 WINDOWS WITH NO PROTECTION



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**RE-1 WINDOWS WITH NO PROTECTION** 



Image Field

RE-2 UNGLAZED DOOR IS WIND RATED



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BE-1 WINDOWS WITH NO PROTECTION



Image Field

BE-3 WINDOWS WITH NO PROTECTION



Image Field

**RE-3 WINDOW WITH NO PROTECTION** 



Image Field

BE-2 GLAZED DOORS WITH NO PROTECTION



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LE-1 WINDOWS WITH NO PROTECTION



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LE-2 UNGLAZED DOOR IS WIND RATED



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LE-3 WINDOW WITH NO PROTECTION



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A-1 FRONT STRAP WITH 8 NAILS



Image Field

A-2 BACK OF TRUSS WITH NO STRAP



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A-3 FRONT STRAP WITH 7 NAILS



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A-4 BACK OF TRUSS WITH NO STRAP

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A-5 8D NAIL ROOF DECK ATTACHMENT



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A-6 1/2" ROOF DECKING



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A-7 6" SPACING OF FASTENERS IN FIELD OF DECKING



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A-8 SWR PHOTO IN ATTIC

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## GMD Public Portal

## **Permit Application Status**

In order to view fees or schedule inspections, you need to be signed in.

_	Sullillal y			
	•			
	Application Number:	PRBD20200102321		
	Application Type:	Building		
	Application Status:	Finaled		
	Property Owner's Full Name:	HEIPLE, DAVID R		
	Category of Work:	Alteration		
	Occupancy Code:	Residential, Multi-Family		
	Description of Work:	Re-roof, Tile off, Tile on.		
		688 Wiggins Bay DR, Naples		
	Application Date:	01/17/2020		
	Issued Date:	01/21/2020		
	Expiration Date:	10/25/2020		
	Date Finaled:	04/29/2020		
	1-2 Family or Comm:	Commercial		
_	Locations			
	Contacts			
_	contacts			
_	Permits (Click to See Reviews)			
_	Deposits & Bonds			
_	Inspections			
	·			
	Conditions			
_	Conditions			
_	Documents & Images			

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