Inspection Report

Property Address:

04/04/2018 OIR-B1-1802

Whisper Computer Solutions, Inc

Joe R Inspector, Phone: 210-446-7512 http://whispersolutions.com Email: info@whispersolutions.com

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 04/04/2018								
Owner Information			<u> </u>					
Owner Name:			Contact Person:					
Address:			Home Phone:					
City:	Zip:		Work Phone:					
County: County			Cell Phone:					
Insurance Company:			Policy #:	•				
Year of Home: # of Stories: <u>#stories</u>			Email:					
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 add 1. Building Code: Was the structure the HVHZ (Miami-Dade or Brow date after 3/1/2002: Building B. For the HVHZ Only: Building provide a permit application C. Unknown or does not meet to OR Year of Original Installation/I covering identified.	ditional questions regardice built in compliance with the rard counties), South Floride FBC: Year Built Permit Application Date on compliance with the SFE with a date after 9/1/1994 the requirements of Answervering types in use. Provide	ng the mitigated feature(s) he Florida Building Code (la Building Code (SFBC-94 For homes built in 200 (MM/DD/YYYY) BC-94: Year Built E Building Permit Application of the permit application da	s) verified on this form. FBC 2001 or later) OR for h 4)? 02/2003 provide a permit ap For homes built in 1994, 199 on Date (MM/DD/YYYY)	plication with a 95, and 1996				
2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
1. Asphalt/Fiberglass Shingle								
2. Concrete/Clay Tile								
3. Metal								
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 not meet the requirements of Answer "A" or "B". □ 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 book staples or 6d nails spaced at 6 shinglesOR- Any system of mean uplift less than that requered □ B. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common other deck fastening system of maximum of 12 inches in the □ C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common decking with a minimum of 2 system of screws, nails, adhes	o" along the edge and 12" if screws, nails, adhesives, uired for Options B or C beg with a minimum thickness in nails spaced a maximum or truss/rafter spacing that if field or has a mean uplift if g with a minimum thickness in nails spaced a maximum nails per board (or 1 nail p	on the fieldOR- Batten depother deck fastening system elow. It is of 7/16"inch attached to the of 12" inches in the fieldIt is shown to have an equival resistance of at least 103 psets of 7/16"inch attached to the of 6" inches in the fieldOur board if each board is each	cking supporting wood shaken or truss/rafter spacing that the roof truss/rafter (spaced OR- Any system of screws, ent or greater resistance 8d of the roof truss/rafter (spaced OR- Dimensional lumber/Toqual to or less than 6 inches	es or wood has an equivalent a maximum of nails, adhesives, nails spaced a a maximum of ngue & Groove in width)ORAny				
Inspectors Initials <u>JRI</u> Property Ad	dress							

102 psi.
 □ D. Reinforced Concrete Roof Deck. □ E. Other: □ F. Unknown or unidentified. □ G. No attic access.
4. Roof to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside 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
Minimal conditions 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 ☐ 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.
□ 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 nail position requirements of C or D, but is secured with a minimum of 3 nails.
☐ C. Single Wraps
Metal connectors consisting of a single strap that 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.
□ 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 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.
☐ E. Structural Anchor bolts structurally connected or reinforced concrete roof.
□ F. Other:
☐ G. Unknown or unidentified
☐ H. No attic access
5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification). \[\begin{align*} \text{A. Hip Roof} & \text{Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.} \end{align*} \text{Total length of non hip feetures: \text{Total roof system perimeter:} \text{Total roof system perimeter:} \end{align*}
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 C. Other Roof Any roof that does not qualify as either (A) or (B) above.
 6. Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) □ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the 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.
Inspectors Initials <u>JRI</u> Property Address* *This verification 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 resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least

Place an "Y" in each row to identify all forms of protection in use for each	Glazed Openings					Non-Glazed Openings	
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		Garage Doors	Skylights	Glass Block	Entry Doors	Garag Doors	
N/A Not Applicable there are no openings of this type on the structure							
A Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)							
B Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)							
C 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							
N Other protective coverings that cannot be identified as A, B, or C							
X No Wind borne Debris Protection							
 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, and X in the table above □ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table 	l no Non-G		enings classi	ified as L	evel B, C	C, N, or	
 B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (openings are protected, at a minimum, with impact resistant coverings or produ in the product approval system of the State of Florida or Miami-Dade County a for "yclic Pressure and Large Missile Impact" (Level B in the table above): 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 Missile - 	acts listed and meet the 2 to 4.5 lb. zed opening	as windl he requir) gs exist	orne debr	is protections one of t	tion dev	wing	

7. Opening Protection: What is the weakest form of wind borne debris protection installed on the structure? First, use the table to

	ed shutter systems with no documentation)				
protective coverings not meeting the requirem with no documentation of compliance (Level		at appear to meet Answer "A" or "B"			
☐ N.1 All Non-Glazed openings classified as Le	evel A, B, C, or N in the table above, or no Non-Gla	azed openings exist			
☐ N.2 One or More Non-Glazed openings classi	ified as Level D in the table above, and no Non-Gla	nzed openings classified as Level X in the			
table above					
☐ N.3 One or More Non-Glazed openings is class	ssified as Level X in the table above				
\square X. None or Some Glazed Openings One of	or more Glazed openings classified and Level	X in the table above.			
MITIGATION INSPE	CCTIONS MUST BE CERTIFIED BY A QUAL	IFIED INSPECTOR.			
	rida Statutes, provides a listing of individuals				
Qualified Inspector Name: Joe R Inspector	License Type:	License or Certificate #:			
Inspection Company: Whisper Computer Solutions, Inc	Phone: 210-44	6-7512			
Qualified Inspector – I hold an activ	ve license as a: (check one)				
☑ Home inspector licensed under Section 468.831 training approved by the Construction Industry Lic	14, Florida Statutes who has completed the statutory				
☐ Building code inspector certified under Section		11.			
•					
☐ General, building or residential contractor licen	,				
☐ Professional engineer licensed under Section 47	71.015, Florida Statutes.				
☐ Professional architect licensed under Section 48	31.213, Florida Statutes.				
☐ Any other individual or entity recognized by th verification form pursuant to Section 627.711(2), F	e insurer as possessing the necessary qualifications Florida Statutes.	to properly complete a uniform mitigation			
	s licensed under Section 489.111, Florida Sta				
	ust inspect the structures personally and no				
-	y authorize a direct employee who possesses	the requisite skill, knowledge, and			
experience to conduct a mitigation verifica I, Joe R Inspector a	<u>ition inspection.</u> im a qualified inspector and I personally pe	rformed the inspection or (licensed			
(print name)	in a quantica inspector and i personany per	riormed the inspection of (uccused			
contractors and professional engineers only) I had my employee (<u>Joe R Inspector</u>) perform the inspection			
	(print name of insp	pector)			
and I agree to be responsible for his/her we		-040			
Qualified Inspector Signature:	Date: <u>04/04/2</u> through gross negligence provides a false or				
	inrough gross negligence provides a faise or ision of Insurance Fraud and may be subjec				
	l prosecution. (Section 627.711(4)-(7), Florid	The state of the s			
	or the misconduct of employees as if the auth	-			
performed the inspection.					
Homeowner to complete: I certify that the	he named Qualified Inspector or his or her	employee did perform an inspection of			
residence identified on this form and that proof of identification was provided to me or my Authorized Representative. Signature: Date: 04/04/2018					
-	ovides or utters a false or fraudulent mitigat				
	ce premium to which the individual or entity				
The definitions on this form are for inspects as offering protection from hurricanes.	ion purposes only and cannot be used to cer	tify any product or construction feature			
as offering protection from nufficanes.					
Inspectors Initials <u>JRI</u> Property Address					
*This verification form is valid for up to fiv	ve (5) years provided no material changes ha	ve been made to the structure.			
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Photos

Front Elevation Right Elevation

Rear Elevation Left Elevation

Roof to Wall connection

Photos continued

Nail Length

Nail Spacing

Decking Type