Uniform Mitigation Verification Inspection Form

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

| Inspection Date:2/6/24 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  |                                                 |                                              |  |  |  |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-------------------------------------------------|----------------------------------------------|--|--|--|
| Owner Information      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  |                                                 |                                              |  |  |  |
| Owner Name:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  | Contact Person:                                 |                                              |  |  |  |
| Addre                  | ss:2949-2959 BUTTONBUSH CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                  |                                                 | Home Phone:                                  |  |  |  |
| City:P                 | ALM HARBOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip:                       | 34684                            | Work Phone:                                     |                                              |  |  |  |
|                        | y:PINELLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                  | Cell Phone:                                     |                                              |  |  |  |
|                        | nce Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                  | Policy #:                                       |                                              |  |  |  |
| Year o                 | f Home: 1983                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | # of Stories: 1            |                                  | Email:                                          |                                              |  |  |  |
| accom                  | E: Any documentation used in v<br>pany this form. At least one ph<br>n 7. The insurer may ask additi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | otograph must accom        | pany this form to vali           | date each attribute marke                       | d in questions 3                             |  |  |  |
|                        | tilding Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                  |                                                 |                                              |  |  |  |
|                        | A. Built in compliance with the a date after 3/1/2002: Building F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Permit Application Date    | (MM/DD/YYYY)/                    | /                                               |                                              |  |  |  |
|                        | B. For the HVHZ Only: Built in provide a permit application wit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  |                                                 |                                              |  |  |  |
| V                      | C. Unknown or does not meet the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne requirements of Answ    | wer "A" or "B"                   |                                                 |                                              |  |  |  |
| OF                     | <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.                                                                                                                                                                                                                                                                                                            |                            |                                  |                                                 |                                              |  |  |  |
| Co                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Permit Application<br>Date | FBC or MDC<br>Product Approval # | Year of Original Installation or<br>Replacement | No Information<br>Provided for<br>Compliance |  |  |  |
|                        | 1. Asphalt/Fiberglass Shingle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11,10,23                   |                                  | 2024                                            |                                              |  |  |  |
|                        | 2. Concrete/Clay Tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                  |                                                 |                                              |  |  |  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  |                                                 |                                              |  |  |  |
|                        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                  |                                                 |                                              |  |  |  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  |                                                 |                                              |  |  |  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  |                                                 | _                                            |  |  |  |
|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  |                                                 |                                              |  |  |  |
|                        | B. All roof coverings have a Microofing permit application after                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                  |                                                 |                                              |  |  |  |
|                        | C. One or more roof coverings of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                          |                                  | r "B".                                          |                                              |  |  |  |
|                        | D. No roof coverings meet the re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | equirements of Answer      | "A" or "B".                      |                                                 |                                              |  |  |  |
| 3. <b>Ro</b>           | of Deck Attachment: What is the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e weakest form of roof     | deck attachment?                 |                                                 |                                              |  |  |  |
|                        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                  |                                                 |                                              |  |  |  |
|                        | 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 8d nails spaced 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 & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width)OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent pectors Initials SB Property Address 2949-2959 BUTTONBUSH CT, PALM HARBOR, FL, 34684 |                            |                                  |                                                 |                                              |  |  |  |
| Inspec                 | tors Initials SB Property Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dress_2949-2959 BUT        | TONBUSH CT, PALI                 | IVI HAKBUK, FL, 34684                           |                                              |  |  |  |

\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure. OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4

|     |                                                                                                                                                                                                                                                                         | or greater real                | sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least                                                                                                                                                                                                                                                          |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|     |                                                                                                                                                                                                                                                                         | •                              | ed Concrete Roof Deck.                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                | ed Concrete Roof Beek.                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                | n or unidentified.                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|     |                                                                                                                                                                                                                                                                         | G. No attic :                  |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 4.  | 5 fe                                                                                                                                                                                                                                                                    | eet of the insid               | tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within de or outside corner of the roof in determination of WEAKEST type)                                                                                                                                                                                       |  |  |  |
|     |                                                                                                                                                                                                                                                                         | A. Toe Nail                    |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                | 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                                                                                                                                                                                                                                                                                       |  |  |  |
|     | Mir                                                                                                                                                                                                                                                                     | nimal conditi                  | ons to qualify for categories B, C, or D. All visible metal connectors are:                                                                                                                                                                                                                                                                                                  |  |  |  |
|     |                                                                                                                                                                                                                                                                         | <b>!</b>                       |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|     | V                                                                                                                                                                                                                                                                       | 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 W                    |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                | 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 V                    | 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, <b>or</b>                                           |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                | 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. Structura                   | Anchor bolts structurally connected or reinforced concrete roof.                                                                                                                                                                                                                                                                                                             |  |  |  |
|     |                                                                                                                                                                                                                                                                         | F. Other: _                    |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|     |                                                                                                                                                                                                                                                                         | G. Unknow                      | n or unidentified                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|     |                                                                                                                                                                                                                                                                         | H. No attic                    | access                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 5.  | <b>Roof Geometry:</b> What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wal the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification). |                                |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|     |                                                                                                                                                                                                                                                                         | A. Hip Roof                    | f Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.                                                                                                                                                                                                                                                                                    |  |  |  |
|     |                                                                                                                                                                                                                                                                         | B. Flat Root                   | Total length of non-hip features: 638 feet; Total roof system perimeter: feet                                                                                                                                                                                                                                                                                                |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                | less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft                                                                                                                                                                                                                                                                                             |  |  |  |
|     | Ø                                                                                                                                                                                                                                                                       | C. Other Ro                    | of Any roof that does not qualify as either (A) or (B) above.                                                                                                                                                                                                                                                                                                                |  |  |  |
| 6.  | _                                                                                                                                                                                                                                                                       | A. SWR (all sheathing dwelling | er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the g 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. |  |  |  |
|     |                                                                                                                                                                                                                                                                         | B. No SWR                      | n or undetermined.                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Ins | spec                                                                                                                                                                                                                                                                    | tors Initials <u>s</u>         | Property Address 2949-2959 BUTTONBUSH CT, PALM HARBOR, FL, 34684                                                                                                                                                                                                                                                                                                             |  |  |  |
|     |                                                                                                                                                                                                                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |

<sup>\*</sup>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.

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                                                                                                                                                                                                                                                                           |                                                                                                                                             | Glazed Openings              |                 |           |                | Non-Glazed<br>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. |                                                                                                                                             | Windows<br>or Entry<br>Doors | Garage<br>Doors | Skylights | Glass<br>Block | Entry<br>Doors         | Garage<br>Doors |
| N/A                                                                                                                                                                                                                                                                                                      | Not Applicable- there are no openings of this type on the structure                                                                         |                              | N/A             | N/A       | N/A            |                        |                 |
| 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                                                                   |                              |                 |           |                |                        |                 |
| IN                                                                                                                                                                                                                                                                                                       | Other protective coverings that cannot be identified as A, B, or C                                                                          |                              |                 |           |                |                        |                 |
| Х                                                                                                                                                                                                                                                                                                        | No Windborne Debris Protection                                                                                                              | Х                            |                 |           |                | Х                      | Х               |

- A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).
  - Miami-Dade County PA 201, 202, and 203
  - Florida Building Code Testing Application Standard (TAS) 201, 202, and 203
  - American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
  - 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-Glazed openings exist
     □ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or 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 above
- B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic 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 2 to 4.5 lb.)
  - B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
  - B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
  - B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- ☐ <u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
  - C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
  - 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 the table above
  - C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

| SB                  |                   | 2949-2959 BUTTONBUSH CT, PALM HARBOR, FL, 34684 |
|---------------------|-------------------|-------------------------------------------------|
| Inspectors Initials | Property Address_ |                                                 |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | quirements of Answer "A", "B", or C" or sy                                                          | tation) All Glazed openings are protected with systems that appear to meet Answer "A" or "B" |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|--|--|--|
| ☐ N.1 All Non-Glazed openings classified a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                              |  |  |  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | Non-Glazed openings classified as Level X in the                                             |  |  |  |  |
| ☐ N.3 One or More Non-Glazed openings is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s classified as Level X in the table above                                                          |                                                                                              |  |  |  |  |
| <b> ☑</b> X. None or Some Glazed Openings Or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne or more Glazed openings classified and I                                                         | Level X in the table above.                                                                  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TIONS MUST BE CERTIFIED BY A QUAI<br>a Statutes, provides a listing of individuals                  |                                                                                              |  |  |  |  |
| Qualified Inspector Name:<br>Shaun Bernstein                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | License Type: Building                                                                              | License or Certificate #:<br>CBC1250088                                                      |  |  |  |  |
| Inspection Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Building                                                                                            | Phone:                                                                                       |  |  |  |  |
| Sunshine Builders of Tampa LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     | 813-971-5003                                                                                 |  |  |  |  |
| Qualified Inspector – I hold an active                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                              |  |  |  |  |
| training approved by the Construction Industry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 14, Florida Statutes who has completed the statu<br>Licensing Board and completion of a proficience |                                                                                              |  |  |  |  |
| Building code inspector certified under Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                              |  |  |  |  |
| General, building or residential contractor licer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                              |  |  |  |  |
| Professional engineer licensed under Section 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,                                                                                                   |                                                                                              |  |  |  |  |
| Professional architect licensed under Section 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                              |  |  |  |  |
| Any other individual or entity recognized by the verification form pursuant to Section 627.711(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne insurer as possessing the necessary qualification (2), Florida Statutes.                         | ons to properly complete a uniform mitigation                                                |  |  |  |  |
| Individuals other than licensed contractors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                              |  |  |  |  |
| under Section 471.015, Florida Statutes, mu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                              |  |  |  |  |
| Licensees under s.471.015 or s.489.111 may experience to conduct a mitigation verificati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     | es the requisite skill, knowledge, and                                                       |  |  |  |  |
| Chaum Damatain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                              |  |  |  |  |
| (print name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fied inspector and I personally performe                                                            | ed the inspection or ( <i>ucensed</i>                                                        |  |  |  |  |
| contractors and professional engineers only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     | ) perform the inspection of inspector)                                                       |  |  |  |  |
| and I agree to be responsible for his/her wo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                                                                   | of hispector)                                                                                |  |  |  |  |
| Qualified Inspector Signature: Shaun Ber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rnstein Digitally signed by Shaun Bernstein Date: 2024.02.09 11:39:05 -05'00' Date:                 |                                                                                              |  |  |  |  |
| An individual or entity who knowingly or th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rough gross negligence provides a false o                                                           | or fraudulent mitigation verification form is                                                |  |  |  |  |
| subject to investigation by the Florida Divisi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                              |  |  |  |  |
| appropriate licensing agency or to criminal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                              |  |  |  |  |
| certifies this form shall be directly liable for performed the inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the misconduct of employees as if the au                                                            | ithorized mitigation inspector personally                                                    |  |  |  |  |
| Homeowner to complete: I certify that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | named Qualified Inspector or his or her em                                                          | aployee did perform an inspection of the                                                     |  |  |  |  |
| residence identified on this form and that proof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                              |  |  |  |  |
| Signature: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                              |  |  |  |  |
| An individual or entity who knowingly prov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rides or utters a false or fraudulent mitiga                                                        | ation verification form with the intent to                                                   |  |  |  |  |
| obtain or receive a discount on an insurance of the first degree. (Section 627.711(7), Flori                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e premium to which the individual or ent                                                            |                                                                                              |  |  |  |  |
| The definitions on this form are for inspections of the form of th | on purposes only and cannot be used to c                                                            | certify any product or construction feature                                                  |  |  |  |  |
| Inspectors Initials SB Property Address 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2949-2959 BUTTONBUSH CT, PALM F                                                                     | HARBOR, FL, 34684                                                                            |  |  |  |  |
| *This verification form is valid for up to five inaccuracies found on the form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e (5) years provided no material changes                                                            | have been made to the structure or                                                           |  |  |  |  |

## Shaun Bernstein

Watertight Roofing Services 2/9/2024 | 38 Photos



## 2949-2959 Buttonbush Court

## Section 1

1



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

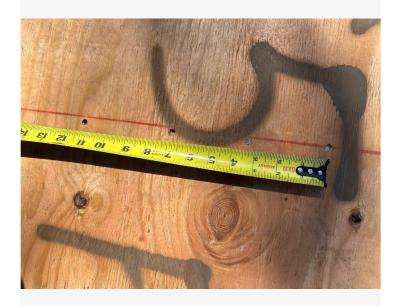
Date: 2/6/2024, 10:18am Creator: Maynor Perez



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/6/2024, 10:18am Creator: Maynor Perez

3



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/6/2024, 10:49am Creator: Maynor Perez

4



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/7/2024, 12:30pm Creator: Maynor Perez

5



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:29pm Creator: Hector Reyes

6



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:29pm Creator: Hector Reyes

7



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:30pm Creator: Hector Reyes

8



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:30pm Creator: Hector Reyes

9



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:31pm Creator: Hector Reyes

10



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:31pm Creator: Hector Reyes

11



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:31pm Creator: Hector Reyes

12



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:32pm Creator: Hector Reyes

13



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:33pm Creator: Hector Reyes

14



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:34pm Creator: Hector Reyes

15



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:34pm Creator: Hector Reyes

16



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:34pm Creator: Hector Reyes

17



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

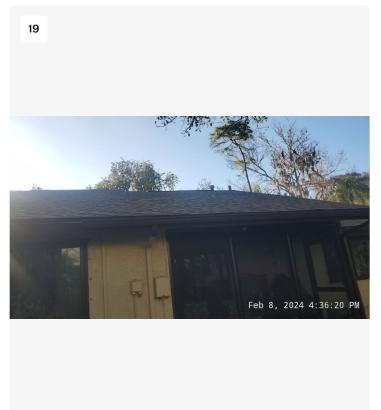
Date: 2/8/2024, 4:35pm Creator: Hector Reyes

18



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:35pm Creator: Hector Reyes



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:36pm Creator: Hector Reyes

20



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:36pm Creator: Hector Reyes

21



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:37pm Creator: Hector Reyes

22



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:44pm Creator: Hector Reyes

23



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:44pm Creator: Hector Reyes

24



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:44pm Creator: Hector Reyes

25



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:44pm Creator: Hector Reyes

26



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:44pm Creator: Hector Reyes

27



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:45pm Creator: Hector Reyes

28



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:45pm Creator: Hector Reyes

29



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:45pm Creator: Hector Reyes

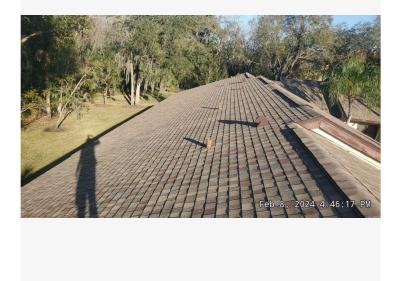
30



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:46pm Creator: Hector Reyes

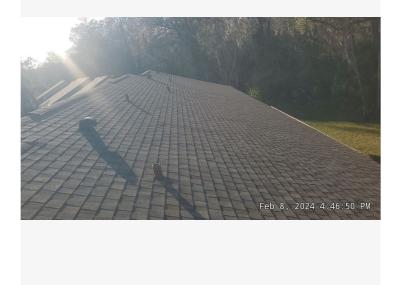
31



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:46pm Creator: Hector Reyes

32



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:46pm Creator: Hector Reyes

33



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:47pm Creator: Hector Reyes

34



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:49pm Creator: Hector Reyes

35



Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:49pm Creator: Hector Reyes

36



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:49pm Creator: Hector Reyes

37



Project: STRATHMORE GATE-2949-2959 BUTTONBUSH CT / 2310-5006179-01

Date: 2/8/2024, 4:50pm Creator: Hector Reyes





Project: STRATHMORE GATE - 2949 - 2959 BUTTONBUSH CT / 2310 - 5006179 - 01

Date: 2/8/2024, 4:50pm Creator: Hector Reyes