

WIND MITIGATION REPORT DEEANN LAKE ESTATES

501-510 Chelsee Way LAKE PLACID FL

The Ibis Corp of Highlands County LLC
Teresa Torrella, Certified Building Contractor

License: CBC1263274

ibisconstructionllc@gmail.com

863-592-8422

Uniform Mitigation Verification Inspection Form

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

Inspection Date:						
Owner Information						
Owner Name: Dee Ann Estates			Contact Person: Gary E	Contact Person: Gary Bonifis		
Address: 501-510 Chelsee Way			Home Phone:			
City: Lake Placid Fl	Zip: 33852		Work Phone:			
County: Highlands			Cell Phone:			
Insurance Company:	·		Policy #:			
Year of Home:	# of Stories: 2		Email:			
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.						
 Building Code: Was the structure by the HVHZ (Miami-Dade or Broward □ A. Built in compliance with the I 	counties), South Florida l	Building Code (SFE	3C-94)?			
a date after 3/1/2002: Building P				mit application with		
 □ B. For the HVHZ Only: Built in provide a permit application with ✓ C. Unknown or does not meet the 2. Roof Covering: Select all roof covering: 	n a date after 9/1/1994: But the requirements of Answer	ilding Permit Appli "A" or "B"	cation Date (MM/DD/YYYY)/	/		
OR Year of Original Installation/Rep						
covering identified. 2.1 Roof Covering Type:	ermit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
,	01, 18, 2018	18010731	2018			
_				_		
<u> </u>						
3. Metal						
4. Built Up						
5. Membrane						
6. Other						
 ✓ A. All roof coverings listed above installation OR have a roofing period □ B. All roof coverings have a Mia roofing permit application after States 	ermit application date on c mi-Dade Product Approv 0/1/1994 and before 3/1/20	or after 3/1/02 OR that listing current at the or of is contact of the or of is contact.	ne roof is original and built in time of installation OR (for to original and built in 1997 or l	n 2004 or later. the HVHZ only) a		
☐ C. One or more roof coverings d	•		r "B".			
☐ D. No roof coverings meet the re	equirements of Answer "A	" or "B".				
3. Roof Deck Attachment : What is the	weakest form of roof dec	k attachment?				
 □ A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or wood shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below. □ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"). 						
other deck fastening system or t maximum of 12 inches in the fie	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 a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.					
C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common n decking with a minimum of 2 na Any system of screws, nails, adl Inspectors Initials GMT Property Add	ails spaced a maximum o ils per board (or 1 nail pe esives, other deck fasten	f 6" inches in the fir r board if each boar ing system or truss/	teldOR- Dimensional lumber is equal to or less than 6 is	per/Tongue & Groove nches in width)OR-		
						

*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

			greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
	П		-	ed Concrete Roof Deck.
	П			or unidentified.
			No attic a	
4				
4.		et o	of the insid	achment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
		A.	Toe Nails	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mir	im	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
	$\sqrt{}$	B.	Clips	
			lacksquare	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 Wi	raps
				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	Vraps
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other:	
		G.	Unknown	or unidentified
		H.	No attic a	ccess
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
			Flat Roof	Total length of non-hip features: 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
	V	C.	Other Roo	of Any roof that does not qualify as either (A) or (B) above.
6.	Sec	A.	SWR (als sheathing	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
•	7			or undetermined.
Ins	pec			GMT Property Address 501-510 Chelsee Way
, te re-			e 1 A	

^{*}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. <u>Opening Protection</u>: What is the <u>weakest</u> form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		n/a	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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	Χ	n/a	Х	n/a	Х	n/a

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

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

- 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

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 <u>and</u> 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
\square 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

☐ C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with

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

☐ 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

*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.

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

Inspectors Initials GMT Property Address 501-510 Chelsee Way

the table above

N. Exterior Opening Protection (unverified protective coverings not meeting the requirement with no documentation of compliance (Level N	ents of Answer "A", "B", or C" or sy			
□ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist				
☐ N.2 One or More Non-Glazed openings classified table above	as Level D in the table above, and no No	on-Glazed openings classified as Level X in the		
☐ N.3 One or More Non-Glazed openings is classifi	ied as Level X in the table above			
X. None or Some Glazed Openings One or m	ore Glazed openings classified and L	evel X in the table above.		
	MUST BE CERTIFIED BY A QUAL tes, provides a listing of individuals			
Qualified Inspector Name: Teresa Torrella	License Type: Certified Building Inspector			
Inspection Company: Ibis Corporation of Highlands County		Phone: 303-330-8488		
Qualified Inspector – I hold an active licer	nse as a: (check one)			
 ☐ Home inspector licensed under Section 468.8314, Flor training approved by the Construction Industry Licens ☐ Building code inspector certified under Section 468.60 	rida Statutes who has completed the statuting Board and completion of a proficience of, Florida Statutes.			
General, building or residential contractor licensed und Professional engineer licensed under Section 471.015,				
Professional architect licensed under Section 4/1.013, Professional architect licensed under Section 481.213,				
Any other individual or entity recognized by the insure verification form pursuant to Section 627.711(2), Flori	er as possessing the necessary qualification	ons to properly complete a uniform mitigation		
Licensees under s.471.015 or s.489.111 may author experience to conduct a mitigation verification instruction. I, Teresa Torrella am a qualified in (print name) contractors and professional engineers only) I had not and I agree to be responsible for his/her work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosect certifies this form shall be directly liable for the magnetic performed the inspection. Homeowner to complete: I certify that the named residence identified on this form and that proof of identified in the second complete is a second complete.	pection. spector and I personally performed my employee (Gannon Torrella (print name) Date: 04 gross negligence provides a false of Insurance Fraud and may be subjected in the conduct of employees as if the auton Qualified Inspector or his or her employees.	I the inspection or (licensed) perform the inspection of inspector) 1/05/2021 r fraudulent mitigation verification form is ct to administrative action by the ida Statutes) The Qualified Inspector who thorized mitigation inspector personally ployee did perform an inspection of the		
Signature:	1	1		
Signature:	Date:			
An individual or entity who knowingly provides or obtain or receive a discount on an insurance premote of the first degree. (Section 627.711(7), Florida Sta	ium to which the individual or enti			
The definitions on this form are for inspection pur as offering protection from hurricanes.	poses only and cannot be used to co	ertify any product or construction feature		
Inspectors Initials GMT Property Address 501-	-510 Chelsee Way			
*This verification form is valid for up to five (5) ye inaccuracies found on the form.	ears provided no material changes l	have been made to the structure or		

Page 4 of 4

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155







