

### **SRQ Inspections LLC**

Phone: 941.232.0393 | Fax: 941.827.9800

Email: jason@srqinspections.com

www.srqinspections.com

## **Uniform Mitigation Verification Inspection**

Owner Name:	Thomas Glembocki			Date:	11	/04/2021
Address: 9579	Knightsbridge Cir	City:	Saras	ota	Zip:	34238
			927			





License# HI8187

# Uniform Mitigation Verification Inspection Form

Inspection Date: 44/04/0004	us totili aliu aliy uo	cumentation provi	ueu wim me msura	ance poncy		
Inspection Date: 11/04/2021						
Owner Information			Control D			
Owner Name: Thomas Glembocki	Contact Person:					
Address: 9579 Knightsbridge Cir			Home Phone:			
City: Sarasota	Zip: 34238		Work Phone:			
County: Sarasota			Cell Phone:			
Insurance Company:			Policy #:			
Year of Home: 1993	# of Stories: 2		Email:			
NOTE: Any documentation used in valid accompany this form. At least one photog though 7. The insurer may ask additional	graph must accompan	y this form to valida	te each attribute mar	ked in questions 3		
<ol> <li>Building Code: Was the structure built the HVHZ (Miami-Dade or Broward could be a date after 3/1/2002: Building Perm</li> <li>B. For the HVHZ Only: Built in comprovide a permit application with a comprovide and the structure built in the HVHZ Only: Built in comprovide a permit application with a comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the HVHZ Only: Built in comprovide and the structure built in the structure built built in the structure bui</li></ol>	unties), South Florida E C: Year Built it Application Date (MM apliance with the SFBO	Suilding Code (SFBC- For homes built in \text{\text{VDD/YYYY}}////	94)? n 2002/2003 provide a For homes built in	permit application with 1994, 1995, and 1996		
C. Unknown or does not meet the re			TION Date (WIW/DD/1111)_			
<ol> <li>Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified.</li> </ol>	types in use. Provide t	he permit application				
Permit	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
1. Asphalt/Fiberglass Shingle 04/1	3/2017	17 119531 00 BE	2017			
2. Concrete/Clay Tile  3. Metal  4. Built Up  5. Membrane  6. Other						
A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.  B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.  C. One or more roof coverings do not meet the requirements of Answer "A" or "B".  D. No roof coverings meet the requirements of Answer "A" or "B".  3. Roof Deck Attachment: What is the weakest form of roof deck attachment?  A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or wood shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.  B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.  C. Plywood/OSB roof sheathing 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 serews, nails, adhesives, other deck fastening						
Inspectors Initials Property Address	9579 k	Inightsbridge Cir	Sarasota FL	34238		
*This verification form is valid for up to t	ive (5) vears provided	no material change	s have heen made to t	he structure		

\*This verification form is valid for up to five (5) years prov OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4

	or greater resistance than 8 182 psf.	d common nails space	d a maximum of 6 inches in	the field or has a	mean up	olift resistar	nce of at least
	D. Reinforced Concrete Ro	oof Deck.					
	E. Other:						
	F. Unknown or unidentifie						
	G. No attic access.						
4		at in the WEAREST		:	1	£ 1.:/11	
4.	<b>Roof to Wall Attachment:</b> Who is feet of the inside or outside co				nment of	r nip/valiey	jacks within
	A. Toe Nails						
		anchored to top plate of the wall, or	of wall using nails driven a	t an angle through	n the tru	ss/rafter an	d attached to
	Metal conne	ctors that do not meet	the minimal conditions or re	quirements of B, C	C, or D		
	Minimal conditions to qualify	for categories B, C,	or D. All visible metal conn	ectors are:			
	Secured to tr	uss/rafter with a minir	num of three (3) nails, and				
			e wall framing, or embedded cked no more than 1.5" of the				
	B. Clips						
	Metal conne	ctors that do not wrap	over the top of the truss/rafte	er, <b>or</b>			
			of 1 strap that wraps over that is secured with a minimum		rafter an	nd does not	meet the nail
	C. Single Wraps						
			single strap that wraps over le and a minimum of 1 nail o			er and is se	ecured with a
	D. Double Wraps						
	beam, on eit	ner side of the truss/rat	eparate straps that are attach fter where each strap wraps of side, and a minimum of 1 na	over the top of the	truss/ra	fter and is s	
			ngle strap that wraps over the plate with a minimum of the			secured to	the wall on
	E. Structural Anchor F. Other:	oolts structurally conn	ected or reinforced concrete	roof.			
	G. Unknown or unidentified	d					
	H. No attic access						
5.	<b>Roof Geometry:</b> What is the rotthe host structure over unenclos						
			apes greater than 10% of the es:10 feet; Total roof sy				
	B. Flat Roof Roof on	a building with 5 or m	nore units where at least 90% slope less than 2:12	of the main roof	area has	a roof slop	
			as either (A) or (B) above.	<b>,</b>			•
6.	Secondary Water Resistance	SWR): (standard und	erlayments or hot-monned fo	elts do not qualify	as an SV	WR)	
	A. SWR (also called Seale sheathing or foam adhe	d Roof Deck) Self-adh	ering polymer modified-bitt foamed-on insulation) appli	umen roofing unde	erlaymer	nt applied d	
	dwelling from water int  B. No SWR.		coof covering loss.				
	C. Unknown or undetermine	icu.					
In	spectors Initials Propert	y Address	9579 Knightsbridge Cir	Sarasota	FL	34238	
					_		

<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 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 or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors	
N/A	Not Applicable- there are no openings of this type on the structure		×	X	X	X		
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	X					X	
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							

- 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 C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 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.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

9579 Knightsbridge Cir

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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

Property Address

the table above

Inspectors Initials

34238

Sarasota

N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of An			
with no documentation of compliance (Level N in the ta		11	
N.1 All Non-Glazed openings classified as Level A, B, C, o	or N in the table above, or no Non-Gla	azed openings exist	
N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no Non-Gla	azed openings classified as Level X	X in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above		
X. None or Some Glazed Openings One or more Glazed	ed openings classified and Level 2	X in the table above.	
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov	ides a listing of individuals who i	may sign this form.	
Qualified Inspector Name: Jason Green	License Type: Home Inspector	License or Certificate #: HI818	37
Inspection Company: SRQ INSPECTIONS LLC	Phone	941-232-0393	
Qualified Inspector – I hold an active license as a	: (check one)		
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board  Building code inspector certified under Section 468.607, Florida  General, building or residential contractor licensed under Section	es who has completed the statutory nu and completion of a proficiency exar Statutes.		ntion
☐ Professional engineer licensed under Section 471.015, Florida St	atutes.		
Professional architect licensed under Section 481.213, Florida St			
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		properly complete a uniform mitig	gation
Individuals other than licensed contractors licensed under under Section 471.015, Florida Statues, must inspect the structure Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection.	ructures personally and not thre	ough employees or other pers	sons.
I, Jason Green am a qualified inspector a	and I personally performed the i	inspection or (licensed	
(print name)		- ·	
contractors and professional engineers only) I had my emple	(print name of ins	perform the inspection spector)	
and I agree to be responsible for his/her work	4	•	
Qualified Inspector Signature:	Date:11/0	04/2021	
An individual or entity who knowingly or through gross ne			n form is
subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (S			ton who
certifies this form shall be directly liable for the misconduction.			
-	d I	- 4: 4f :	41
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification			the
Signature: The Signature:	Date:11/04/2021		
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)			
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used to certify	any product or construction	feature
Inspectors Initials Property Address 99	579 Knightsbridge Cir Saraso	ota FL 34238	
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	rided no material changes have	been made to the structure o	r

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## **Wind Mitigation Inspection Photos**

# Exterior Photos / Roof Geometry All accessible Elevations shown











### **Roof Deck Attachments**

8D Nails or larger, nailed 6" on center or closer





#### **Roof To Wall Attachments**

Single Wrap Strap





**Secondary Water Barrier** Self adhering peel and stick membrane



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**Opening Protection**The glazed openings shown in the photos below are impact rated. Representative photos shown below.







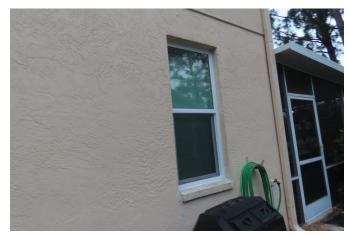






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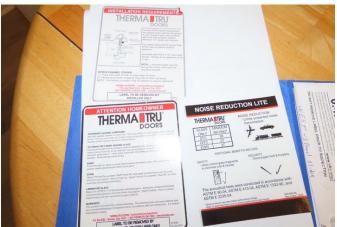
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Garage door(s) are verified as impact rated. Representative photos are below.





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