Uniform Mitigation Verification Inspection Form

Paul J. Customer

1234 Any Street

Your Town

Florida



7/31/2012

Thomas M. Tillman

CGC1516754 - HI4355

ttillman@brinedevelopment.com

Brine Development Services, LLC

CGC1516754

Apollo Beach, Florida 33572

(813) 699-4200

www.brinedevelopment.com

Uniform Mitigation Verification Inspection Form

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

| Y | 7/28/20112 | | | | |
|--------------------|------------------|---------------|---|-----------------|----------------------|
| Inspection Date: | 7/31/2012 | | | | |
| Owner Information | | | | | |
| Owner Name: | Paul J. Customer | | | Contact Person: | Paul Customer |
| Address: | 1234 Any Street | | | Home Phone: | (813) 123-4567 |
| City: | Your Town | Zip: 1234 | 5 | Cell Phone: | |
| County: | Hillsborough | | | Work Phone: | |
| Insurance Company: | | | | Policy #: | |
| Year of Home: | 1988 | # of Stories: | 1 | Email: pjc(| <u>@anywhere.com</u> |
| | | | | | |

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least on photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

| 1 <u>Building</u> | g Code: Was the structu the HVHZ (Miami-Dade or Brow | - | - | (FBC 2001 or later) OR located i | n |
|-------------------|---|--|--|---|--|
| | A. Built in compliance with FBC: | Year Built F | or homes built in 2002/2003 | provide a permit application with | h |
| | a date after 3/1/2002: Building Pe B. For HVHZ Only: Built in com- provide a permit application with C. Unknown or does not meet the | pliance with the SFBC-94 a date after 9/4/1994: Bui | : Year Built Following Permit Application Da | or homes built in 1994, 1995 and | |
| 2. Roof Co | | _ | | ate OR FBC/MDC Profuct Appro | val number |
| <u>2. Roof Co</u> | OR Year of Original Installation/I | | | | |
| | covering identified. | T | EDG MDG | | N. T. O |
| 2.1 | Roof Covering Type | Permit Application Date | FBC or MDC Product Aproval # | Year of Original Installation or Replacement | No Information Provided for Compliance |
| _ | Asphalt/Fiberglass Shingle | 12/10/1999 | | | |
| | 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 | C or Miami-Dade Product Ap | oproval listing current at time of | |
| | installation OR have a roofing per | rmit 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 Miar | ni-Dade Product Approva | l listing current at time of ins | tallation OR (for the HVHZ only |) a |
| | roofing permit application after 9/ | 1/1994 and before 3/1/20 | 02 OR the roof is original ar | nd built in 1997 or later. | |
| | C. One or more roof coverings do | not meet the requiremen | ts of Answer "A" or "B" | | |
| | D. No roof coverings meet the rec | quirements of Answer "A | or "B". | | |
| 3. Roof Dec | ck Attachment: What is the weake | st form of roof deck attacl | nment? | | |
| | A. Plywood/Oriented strand board | d (OSB) roof sheathing at | tached to the roof truss/rafter | (spaced a maximum of 24" inch | es o.c.) by |
| | by staples or 6d nails spaced at 6" | along the edge and 12" in | the fieldOR- Batten deck | ing supporting wood shakes or we | ood |
| | shinglesOR- Any system of screen | ews, nails, adhesives, othe | r deck fastening system or tr | uss/rafter spacing that has an equ | ivalent |
| | mean uplift less than that required | l for Options B or C below | V. | | |
| | B. Plywood/(OSB) roof sheathing | g with a minimum thickne | ss of 7/16" inch attached to | the truss/rafter (spaced a maximus | m of |
| | 24" inches o.c.) by 8d common n | ails spaced a maximum of | 12" in the field. -OR- Any | system of screws, nails, adhesives | s, other |
| | deck fastening system or truss.raf | ter spacing that is shown t | o have an equivalent or grea | ter resistance than 8d nails spaced | i |
| | a maximum of 12 inches in the fie | eld or has a mean uplift re | sistance of at least 103 psf. | | |
| | C. Plywood/OSB roof sheathing | with a minimum thickness | s of 7/16" inch attached to th | e truss/rafter (spaced a maximum | of |
| _ | 24" inches o.c.) by 8d common n | | | · - | |
| | decking with a minimum of 2 na | - | | _ | |
| | | | | | |
| | Inspectors Initials WMI | Property Address | 1234 Any Street | Your To | wn |

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

| | | nce than 8d common nails spaced a max | imum of 6 inches in the field or has a mean uplift res | istance of at least |
|--------------|--------------------------------------|---|---|------------------------|
| | 182 psf. | , D CD I | | |
| \vdash | | oncrete Roof Deck. | | |
| \vdash | E. Other F. Unknown or u | · 1 | | |
| \vdash | G. No attic acces | | | |
| | G. No attic acces | S. | | |
| 4. Roof to V | Vall Attachment | What is the WEAKEST roof to wall c | onnection? (Do not include attachment of hip/valley | jacks within |
| 5 feet of | the inside or outs | de corner of the roof in determination o | FWEAKEST type) | |
| | A. Toe Nails | | | |
| | | | all using nails driven at an angle through the truss/raf | ter and attached to |
| | | the top plate of the wall, or | | |
| | | Metal connectorsthat do not meet the | ninimum conditions or requirements of B, C or D | |
| Minima | l conditions to a | nalify for categories B, C or D. All vis | ible metal connections are: | |
| 171111111 | | Secured to truss/rafter with a minimum | | |
| | = | | all framing, or embedded in the bond beam, with less | than a 1/2" gap from |
| | _ | | d no more than 1.5" of the truss/rafter, and free of vi | |
| | | corrosion. | | |
| | B. Clips | | | |
| _ | · 🗆 | Metal connectors that do not wrap ove | r the top of the truss/rafter, or | |
| | | Metal connectors with a minimum of | strap that wraps over the top of the truss/rafter and o | does not neet the nail |
| | | position requirements of C or D, but is | | |
| | C. Single Wraps | | | |
| | | Metal connectors consisting of a single | strap that wraps over the top of the truss/rafter and s | ecured with a |
| | | minimum of 2 nails on the front side a | nd a minimum of 1 nail on the opposing side. | |
| | D. Double Wrap | S | | |
| | | | ate straps that are attached to the wall frame, or embe | |
| | | | where each strap wraps over the top of the truss/rafte | r and is secured with |
| | | | and a minimum of 1 nail on the opposing side, or | |
| | | | strap that wraps over the top of the truss/rafter, is see | cured to the wall on |
| | T. G 1 | | tte with a minimum of three nails on each side. | |
| | E. Structural | Anchor bolts structural connected or re | einforced concrete roof. | |
| | F. Other | : 1 4:C: - 1 | | |
| | G. Unknown or the H. No attic access | | | |
| | H. NO attic acces | 5 | | |
| 5. Roof Geo | ometry: What is t | he roof shape(s)? (Do not consider roof | s of porches or carports that are attached only to the f | ascia or wall of |
| | the host structure | e over unenclosed space in the determina | tion of roof perimeter or roof area for roof geometry | classification). |
| | A. Hip Roof | Hin Roof with no other roof shapes or | eater than 10% of of the total roof system perimeter. | |
| | 7t. Tilp Rooi | Total length of non-hip features: | feet; Total roof system perimeter: | feet. |
| | B. Flat Roof | _ | s where at least 90% of the main roof area has a roof | |
| | D. 1 11001 | less than 2:12. Roof are with slope of | | |
| | C. Other Roof | Any roof that does not qualify as either | | |
| | | | | |
| 6. Secondar | ry Water Resista | nce (SWR): (standard underlay) | nents or hot mopped felts do not qualify as an SWR) | |
| | A CWD (1 | 1 1 1 1 1 D CD 1 C IC II : | 1 10 11 0 0 11 0 1 | |
| | | | olymer modified-bitumen roofing underlayment appli | |
| | _ | | on insulation) applied as a supplemental means to propring loss | Diect ine |
| _ | B. No SWR. | water intrusion in the event of roof cov | cring 1088. | |
| | C. Unknown or i | indetermined. | | |
| | C. Challown Of C | | | |
| | Inspectors Initials | Property Address | 1234 Any Street | Your Town |
| | | | V | |

Any system of screws, nails, adhesices, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

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determine the weakest form of protection for the 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 amy 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 in the structure | | Х | Х | Х | | |
| Α | Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) | | | | | | |
| B Verified cyclic pressure & large missile (4-8-lb for windows doors/2 lb for skylights) | | | | | | | |
| 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 | | | | | | |
| 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 Protections | Х | | | | Х | Х |

| | Other protective coverings that cannot be identified as A, B or C | | | | | |
|-------------------|--|--------------------|------------|----------------|-------------|-----------|
| X | No Windborne Debris Protections | Х | | | |) |
| | | | | | | |
| <u>A. I</u> | Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylight | only) All | Glazed op | enings are | protected | at |
| a m | inimum, with impact resistant coverings or products listed as wind norne debris pr | tection devi | ces in the | product ap | proval | |
| syst | em of the State of Florida or Miami-Dade County and meet the requirements of or | e of the follo | owing for | "Cyclic Pro | essure | |
| 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, <u>a</u> | nd 203 | | | |
| | American Society for Testing and Materials (ASTM) E 18 | 6 and AST | M E 1996 | 5 | | |
| | 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 opening | exist | | | | |
| $\overline{\Box}$ | A.2 One or More Non-Glazed openings classified as Level D in the table above, and no No | | ings class | ified as Leve | l B, C, N (| or |
| | X in the table above | • | C | | | |
| | A.3 One or More Non-Glazed Openings is classified as Level B, C, N or X in the table abo | e. | | | | |
| B. I | Exterior Opening Protection - Cyclic Pressure and 4 to 8-lb Large Missile (2- | .5 lb for sk | ylights o | nly) All G | lazed | |
| ope | nings are protected, at a minimum, with impact resistant coverings or products liste | d as wind n | orne debr | ris protection | n devices | i |
| in th | ne product approval system of the State of Florida or Miami-Dade County and mee | the require | ments of | one of the f | ollowing | |
| for | 'Cyclic Pressure and Large Missile Impact" (Level A 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 <u>and</u> ASTM E 1996 (L | rge Missile | - 2 to 4.5 | (lb.) | | |
| | $B.1\ All\ Non\mbox{-}Glazed\ openings\ classified\ as\ A\ or\ B\ in\ the\ table\ above,\ or\ no\ Non\mbox{-}Glazed\ opening\ op$ | nings exist | | | | |
| | B.2 One or More Non-Glazed openings classified as Level D in the table above, and no No | -Glazed oper | ings class | ified as Level | C, N or Z | ζ. |
| | in the table above | | | | | |
| | B.3 One or More Non-Glazed Openings is classified as Level C, N or X in the table above. | | | | | |
| | Exterior Opening Protection: Wood Structural Panels meeting FBC 200 | <u> </u> | - | igs are cove | red with | |
| plyv | wood/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 | | | | | |
| | C.2 One or More Non-Glazed openings classified as Level D in the table above, and no No | -Glazed oper | ings class | ified as Level | l N or X ii | 1 |
| | the table above | | | | | |
| | C.3 One or More Non-Glazed Openings is classified as Level N or X in the table above. | | | | | |
| | Inspectors Initials WMI Property Address 1234 Any | Street | | Yo | our Tow | n |
| his veri | Inspectors Initials Property Address 1234 Any fication form is valid for up to (5) years provided no material change | | n made | | | Your Town |

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| N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glaze | ed openings are protected wit |
|---|-------------------------------|
|---|-------------------------------|

| | ot meeting the requirements of Ai n of compliance (Level N in the ta | | or systems that a | ppear to meet A | iswer "A" or "B" | | | | | | | | | |
|---|---|--|--|--|---|---|--|--|--|--|--|--|--|--|
| | d openings classified as A, B, C or N is | | on-Glazed opening | s exist | | | | | | | | | | |
| N.2 One or More N | Ion-Glazed openings classified as Leve | el D in the table above, and | d no Non-Glazed o | penings classified | as Level X in the | | | | | | | | | |
| table above | | | | | | | | | | | | | | |
| | Ion-Glazed Openings is classified as L | | 1 137 1 | . 11 1 | | | | | | | | | | |
| X. None or Some Gla | azed Openings One or more Gla | zed openings classified | as Level X in the | table above. | | | | | | | | | | |
| MITIGA | TION INSPECTIONS MU | UST BE CERTIFI | ED BY A QU | ALIFIED IN | SPECTOR. | | | | | | | | | |
| Se | ection 627.711(2), Florida Statu | tes, provides a listing o | f individuals wh | o may sign this | form. | | | | | | | | | |
| Qualified Inspector Name: | Thomas M. Tillman | License Type: | CGC | License | CGC1516754 | - | | | | | | | | |
| Inspection Company: | Brine Development | Services, LLC | Phone: | 81 | 13-699-4200 | | | | | | | | | |
| Qualified Inspector - I b | hold an active license as a | · (check one) | | | | | | | | | | | | |
| | under Section 468.8314, Florida Stat | <u></u> | e statutory number | of hours of hurric | ane mitigation | | | | | | | | | |
| | he Construction Industry Licensin | = | | | ane mitigation | | | | | | | | | |
| | or certified under Section 468.607 | - | 1 3 | | | | | | | | | | | |
| General, building or re | esidential contractor licensed unde | er Section 489.111, Flor | rida Statutes. | | | | | | | | | | | |
| Professional engineer l | licensed under Section 471.015, I | Florida Statutes. | | | | | | | | | | | | |
| Professional architect l | licensed under Section 481.213, I | Florida Statutes. | | | | | | | | | | | | |
| | entity recognized by the insurer as pess | | fications to properl | y complete a unifo | orm mitigation | | | | | | | | | |
| verification form pursu | uant to Section 627.711 (2), Florid | da Statutes. | | | | | | | | | | | | |
| Individuals other than licen | nsed contractors licensed unde | er Section 489.111, F | lorida Statutes, | or professiona | l engineer licensed | | | | | | | | | |
| under Section 471.015, Flor | rida Statutes, must inspect the | e structures personal | ly and not thro | igh employees | or other persons. | | | | | | | | | |
| | | | ossesses the req | uisite skill, kn | owledge, and | | | | | | | | | |
| <u>experience to conduct a mit</u> | <u>tigation verification inspection</u> | <u>1.</u> | | | icenses under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and specience to conduct a mitigation verification inspection. | | | | | | | | | |
| aperience to conduct a mitigation verification inspection. | | | | | | | | | | | | | | |
| I. Thomas M. | Tillman am a qualifie | _ | sonally perform | ed the inspectio | n or (licensed | | | | | | | | | |
| I, Thomas M. (print na | - | ed inspector and I pers | sonally perform | ed the inspection | n or (<i>licensed</i> | | | | | | | | | |
| (print na | - | ed inspector and I pers | sonally perform N/A | _ | n or (licensed | | | | | | | | | |
| (print na | ame) al engineers only) I had my en | ed inspector and I pers | |) p | | | | | | | | | | |
| (print na | ame) al engineers only) I had my en | ed inspector and I pers | N/A |) p | | | | | | | | | | |
| (print na | ame) all engineers only) I had my en | ed inspector and I personployee (| N/A int name of inspec |) p | erform the inspection | | | | | | | | | |
| (print na | ame) all engineers only) I had my en | ed inspector and I pers | N/A int name of inspec |) p | | - | | | | | | | | |
| (print na contractors and professiona and I agree to be responsible Qualified Inspector Sig | ame) all engineers only) I had my en | ed inspector and I personployee (| N/A int name of inspec | (tor)) p | erform the inspection 7/31/2012 | - | | | | | | | | |
| (print na contractors and professiona and I agree to be responsibl Qualified Inspector Sig An individual or entity who | ame) al engineers only) I had my en le for his/her work. gnature: | ed inspector and I personal price (| N/A int name of inspec | Date: | erform the inspection 7/31/2012 n verification form is | - | | | | | | | | |
| (print na contractors and professional and I agree to be responsible Qualified Inspector Signature An individual or entity who subject to investigation by tappropriate licensing agence | ame) all engineers only) I had my en le for his/her work. gnature: b knowingly or through gross in the Florida Division of Insuran cy or to criminal prosecution. | ed inspector and I personal imployee (Inspector Signature Insector Fraud and may be (Section 627.711(4)-(| N/A int name of inspect a false or fraudu be subject to ad 7), Florida Sta | Date: Llent mitigation ministrative actutes) The Qu | 7/31/2012 n verification form is ction by the alified Inspector who | - | | | | | | | | |
| (print na contractors and professional and I agree to be responsible Qualified Inspector Signan individual or entity who subject to investigation by tappropriate licensing agence certifies this form shall be determined. | ame) all engineers only) I had my en le for his/her work. gnature: b knowingly or through gross i the Florida Division of Insura | ed inspector and I personal imployee (Inspector Signature Insector Fraud and may be (Section 627.711(4)-(| N/A int name of inspect a false or fraudu be subject to ad 7), Florida Sta | Date: Llent mitigation ministrative actutes) The Qu | 7/31/2012 n verification form is ction by the alified Inspector who | - | | | | | | | | |
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| (print na contractors and professional and I agree to be responsible Qualified Inspector Signan individual or entity who subject to investigation by the appropriate licensing agence certifies this form shall be deperformed the inspection. | ame) all engineers only) I had my en all efor his/her work. gnature: b knowingly or through gross in the Florida Division of Insuran cy or to criminal prosecution. directly liable for the miscond | ed inspector and I personal imployee (Inspector Signature Insegligence provides a nee Fraud and may be (Section 627.711(4)-(uct or employees as in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section is a section in the section in the section in the section in the section is a section in the sect | N/A int name of inspect false or fraudu be subject to ad 7), Florida Star s the authorizat | Date: Date: Llent mitigation ministrative actutes) The Quited mitigation | 7/31/2012 n verification form is etion by the alified Inspector who inspector personally | _ | | | | | | | | |
| (print na contractors and professional and I agree to be responsible Qualified Inspector Signand individual or entity who subject to investigation by the appropriate licensing agency certifies this form shall be deperformed the inspection. | le for his/her work. In a le for his miscond. In a le for his/her work. In a | ed inspector and I person ployee (Inspector Signature Inspector Provides a nee Fraud and may be (Section 627.711(4)-(uct or employees as is utilified Inspector or be | N/A int name of inspect in false or frauduce subject to ad 7), Florida States the authorizate | Date: Date: Date: Description Date: Description Description Description Description Description Description | 7/31/2012 n verification form is ction by the alified Inspector who inspector personally | - | | | | | | | | |
| (print na contractors and professional and I agree to be responsible Qualified Inspector Signand individual or entity who subject to investigation by the appropriate licensing agency certifies this form shall be deperformed the inspection. | ame) all engineers only) I had my en all efor his/her work. gnature: b knowingly or through gross in the Florida Division of Insuran cy or to criminal prosecution. directly liable for the miscond | ed inspector and I person ployee (Inspector Signature Inspector Provides a nee Fraud and may be (Section 627.711(4)-(uct or employees as is utilified Inspector or be | N/A int name of inspect in false or frauduce subject to ad 7), Florida States the authorizate | Date: Date: Date: Description Date: Description Description Description Description Description Description | 7/31/2012 n verification form is ction by the alified Inspector who inspector personally | - | | | | | | | | |
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| (print na contractors and professional and I agree to be responsible Qualified Inspector Signand individual or entity who subject to investigation by the appropriate licensing agency certifies this form shall be deperformed the inspection. | le for his/her work. gnature: he knowingly or through gross received the Florida Division of Insurate or to criminal prosecution. he could be could | ed inspector and I person ployee (Inspector Signature Inspector Provides a nee Fraud and may be (Section 627.711(4)-(uct or employees as is utilified Inspector or be | N/A int name of inspect in false or frauduce subject to ad 7), Florida States the authorizate | Date: Date: Date: Description Date: Description Des | 7/31/2012 n verification form is etion by the alified Inspector who inspector personally m an inspection of the presentative. | - | | | | | | | | |
| (print na contractors and professional and I agree to be responsible Qualified Inspector Signature: An individual or entity who subject to investigation by the appropriate licensing agence certifies this form shall be deperformed the inspection. Homeowner to complete residence identified on the Signature: An individual or entity who | le for his/her work. In a le for his/her work. | Inspector and I person ployee (Inspector Signature Inspector Signature Inspector Signature Inspector Signature Inspector Provides a ince Fraud and may be (Section 627.711(4)-(uct or employees as inspector or be inspectively or be inspector or be inspec | N/A int name of inspect in false or fraudu be subject to ad 7), Florida State is the authorizate his or her employed to me or my Dat t mitigation ver | Date: Date: Date: Description Date: Description Date: Description Date: Description De | 7/31/2012 n verification form is ction by the alified Inspector who inspector personally m an inspection of the presentative. 1/2012 with the intent to | _ | | | | | | | | |
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^{*}This verification form is valid for up to (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

Wind Mitigation Photo Verification



Front Elevation
Unprotected, Unrated Glazed Openings



Inside of Non-Glazed Garage Door Unrated Non-Glazed Garage Door



Left Elevation
Unprotected, Unrated Glazed Opening



Right Elevation
Unprotected, Unrated Glazed Openings and Non-Glazed Entry

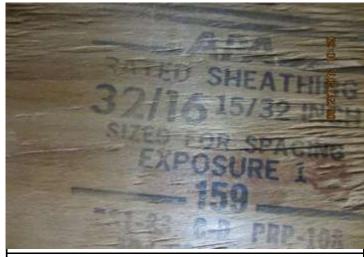


Back-Right Elevation
Non-Structurally Attached Flat Roof



Back Elevation
Unprotected, Unrated Glazed Opening

Wind Mitigation Photo Verification



Roof Deck Attachment 15/32 Thick Plywood Roof Deck



Roof Deck Attachment 8d or Larger Nail









Paul J. Customer, 1234 Any Street, Your Town

Wind Mitigation Photo Verification







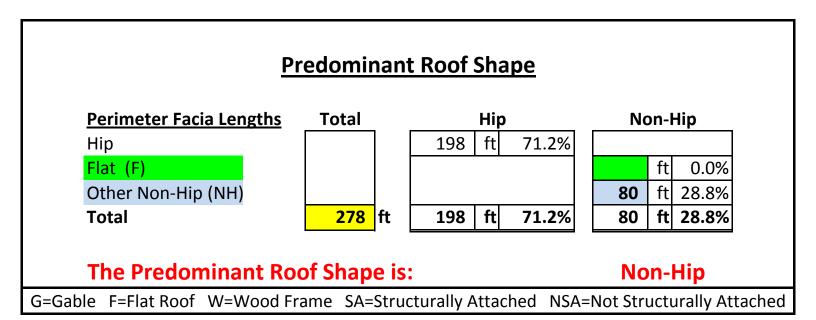


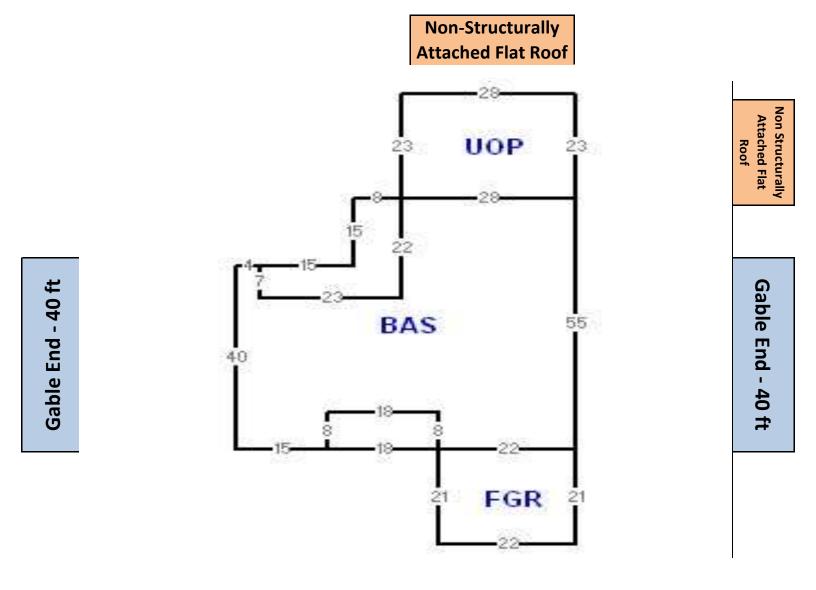


Opening Protection Unprotected, Unrated Glazed Openings









| Building Characteristics | | | | | | 880% | | |
|--------------------------|----------------------|---------------------------|-------|-----------------------------|-----------|---|-------|----------|
| TYPE | 0001 SINGLE FAMILY | | | | 4 | 28 | - 1 | |
| YEAR BUILT | 1987 | | | | 4 | HOD | d. | |
| Element | Code | Construction Detail | | | 23 | UOP | 23 | |
| CLASS | С | Masonry or Concrete Frame | | | - 0 | 28 | | |
| EXTERIOR WALL | 7 | Masonry Stucco | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| ROOF STRUCTURE | 3 | Gable or Hip | | | 15 22 | | | |
| ROOF COVER | 3 | Asphalt/Comp. Shingle | | ۲ ⁴ 7 | 15 | | | |
| INTERIOR WALLS | 5 | Drywall | | 1 | -23 | | | |
| INTERIOR FLOORING | 7 | Tile | | | BAS | | 55 | |
| INTERIOR FLOORING | 8 | Carpet | | 40 | | | | |
| HEAT/AC | 2 | Central | | T | | | | |
| ARCHITECTURAL STYLE | 5 | Contemporary 1-Story | | | 18- | 1 | | |
| CONDITION | 3 | Average | | 15- | - 18 | 22- | 35 | |
| STORIES | 1 | | | | | 5,45,6 | 900 | |
| BEDROOMS | 3 | | | | | FGF | 21 | |
| BATHROOMS | 2 | | | | | 22 | | |
| UNITS | 1 | | | | | | 391 | |
| | | | DEPRE | CIATED VALU | E DENOTES | | | |
| | | | | ONTRIBUTOR | | | | |
| AREA TYPE | GROSS AREA | HEATED AREA | | THIS ITEN | | | | |
| UOP | 644 | 0 | | \$4,217 | | | | |
| FOP | 281 | 0 | | \$3,044 | | | | |
| BAS | 2,315 | 2,315 | | \$100,654 | | | | |
| FSP | 144 | 0 | | \$1,870 | | | | |
| FGR | 462 | 0 | | \$10,044 | | | | |
| TOTALS | 3,846 | 2,315 | | \$119,829 | | | | |
| [BACK TO THE TOP] | | | | | | | | |
| | | | | | | | | |
| EXTRA FEATURES | | | | | | | | |
| | | | | | | | | |
| | | | | YEAR ON | | | | |
| LN | OB/XF CODE | DESCRIPTION | BLD | ROLL | LENGTH | WIDTH | UNITS | VALUE |
| 1 | 595 | FPL | 1 | 1987 | 0 | 0 | 1 | \$3,075 |
| 2 | 351 | PL 01SC | 1 | 1987 | 0 | 0 | 1 | \$17,760 |
| 3 | 190 | W DOCK | 1 | 1994 | 0 | 0 | 374 | \$3,160 |
| 4 | 60 | C PVMT | 1 | 2006 | 0 | 0 | 63 | \$244 |
| 5 | 120 | W DECK | 1 | 2006 | 0 | 0 | 140 | \$830 |