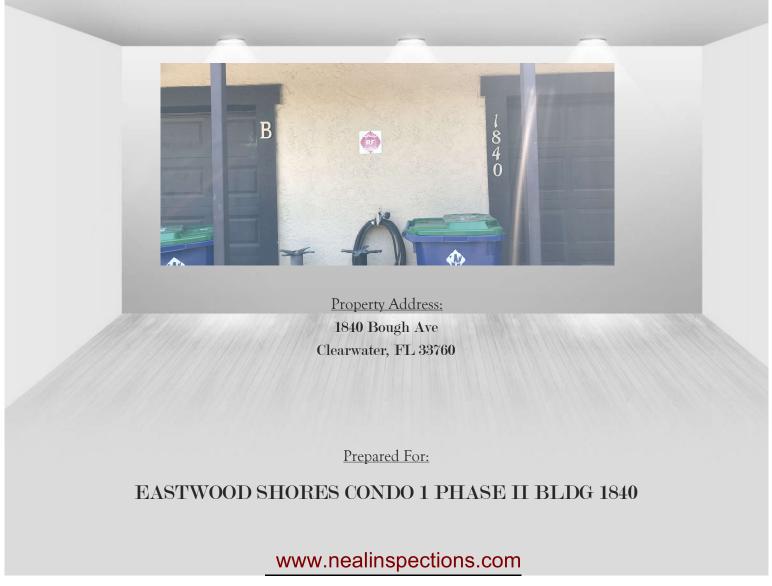


Wind Mitigation Inspection Report





"Inspected once, Inspected right" "

www.Nachi.org





Neal Inspections LLC nealinspections@gmail.com



Troy Neal: (813) 545-5363 William Neal: (813) 352-4690

Uniform Mitigation Verification Inspection Form

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

Owner Anner: EASTWOOD SHORES CONDO 1 PHASE II BLDG 1840 Contact Person: Beverly Address: 1840 Bough Ave Ifome Phone: City: Clearwater Zip: 33760 Work Phone: County: Pinellas Cell Phone: [727] \$43-5345 Insurance Company: Policy #: Year of Home: 1979 (45 years) # of Stories: Two East Two Policy #: Policy #: Year of Home: 1979 (45 years) # of Stories: Two Policy #: Year of Home: 1979 (45 years) # of Stories: Two Policy #: Year of Home: 1979 (45 years) # of Stories: Two Policy #: Year of Home: 1979 (45 years) # of Stories: Two Policy #: Year of Home: 1979 (45 years) # of Stories: Two NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form. 1. **Building Code:** Was the structure built in compliance with the FIFC year Built Policy Policy Policy Policy	Inspect	ion Date: 5/06/2024							
Address: 1840 Bough Ave Zip: 33760 Work Phone:	Owner Information								
City: Clearwater				•					
County: Pinellas Cell Phone: (727) 543-5345 Insurance Company: Policy #: Polic									
Insurance Company: Policy #: Year of Home: 1979 (45 years) # of Stories: Two Email: bneubecker@ameritechmail.com 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 built in compliance with the Florida Building Code (BFBC-94)? A Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 9/1/1902. Building Permit Application Date @MEDDYNYYY For homes built in 2002/2003 provide a permit application with a date after 9/1/1904. Building Permit Application Date @MEDDYNYYY For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1904. Building Permit application Date @MEDDYNYYY For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1904. Building Permit application Date @MEDDYNYYY For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1904. Building Permit application Date @MEDDYNYYY For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1904. Building Permit Application Date @MEDDYNYYY For homes built in 1994, 1995, and 1996 provide a permit application Replacement OR indicate that no information was available to verify compliance for each roof covering; Select all roof covering identified. A Mil 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 Mami-Dade Product Approval listing current at time of installation OR (for the HVHZ) only) a roofing p			Zip:	33760					
Year of Home: 1979 (45 years)						3-5345			
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. 1. Building-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 (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC 2001 or later) OR Formit application with a date after 971/1994. Building Permit Application Date one provide a permit application with a date after 971/1994. Building Permit Application Date one provide a permit application with a date after 971/1994. Building Permit Application Date one provide a permit application with a date after 971/1994. Building Permit Application Date one provide a permit application with a date after 971/1994 and before 37 m ** "FBC or MBC Product Approval Date one provide a permit application with a date after 971/1994. Building 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 identifies. 2. Roof Covering Type: 2. Roof Covering Type: 3. Roof Device Product Approval Product Approval Building Code (FBC 2002) 3. Montal Product Approval Product Approval Building Code (FBC 2002) 4. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval Building Code (FBC 2002) 5. Montal Product Product Approval Building Code Product Approval									
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the HVHIZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built a date after 31/12002: Building Permit Application Date (MMDDYYYY) B. For the HVHIZ Only: Built in compliance with the SFBC-94: Year Built for Provide a permit application with a date after 91/1994: Building Permit Application Date (MMDDYYYY) C. Unknown or does not meet the requirements of Answer "A" or "B" 2. Roof Covering: 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. 2.1 Roof Covering: Specific Market Permit Application Product Approval a provided for Product Approval and Product Approval and Product Approval and Product Approval installation or Product Approval installation or Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 2.1 Roof Covering Type: Permit Application FIG. at NDC 1.1 Application Shingle 3/25/2022 2.2 Consected Clay Title 3. Metal 4. Mult 109 4. Mult 109 4. Mult 109 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 3/1/2002 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 do not meet the requirements of Answer "A" or "B". D. No roof coverings do not meet the requirements of Answer "A" or "B". A. Plywood/OSP and the requirements of Sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.	accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3								
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2.1 Roof Covering Type:			placement OR indicate th	at no information was	available to verify compilar	nce for each roof			
□ 2. Concerte/clay Tile □ 3. Metal □ 4. Built Up □ □ 5. Membrane □ 6. Other □ □ 5. Membrane □ 6. Other □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						Provided for			
		1. Asphalt/Fiberglass Shingle	3/25/2022		2022				
 □ 4. Built Up □ 5. Membrane □ 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 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		2. Concrete/Clay Tile							
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	Inspec								

*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 resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance psf.						
		D.	Reinforce	ed Concrete Roof Deck.		
				or unidentified.		
	Ш	G.	No attic a	access.		
4.	5 fe	et o	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le 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 condition	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.		
		B.	Clips			
				Metal connectors that do not wrap over the top of the truss/rafter, or		
	_		Ц	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.		
	Ш	C.	Single W			
		_	D 11 1	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.		
	Ш	D.	Double V	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.		
			Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.		
				n or unidentified		
		Н.	No attic a	access		
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			
		В.	Flat Roof			
		C.	Other Ro	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft of Any roof that does not qualify as either (A) or (B) above.		
6.		А. В.	SWR (also sheathing dwelling No SWR.	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 gor 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.		
Inspectors Initials TN Property Address 1840 Bough Ave 33760						
*T	his v	veri	ification fo	orm 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. Non-Glazed **Opening Protection Level Chart Glazed Openings Openings** Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Garage Glass Entry Garage Skylights or Entry form of protection (lowest row) for any of the Glazed openings and indicate **Doors Block** Doors Doors **Doors** the weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Α Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) c Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D 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 Ν Other protective coverings that cannot be identified as A, B, or C No Windborne Debris Protection 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 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). LC.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 Inspectors Initials TN Property Address 1840 Bough Ave 33760

^{*}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.

N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A with no documentation of compliance (Lovel N in the	Answer "A", "B", or C" or sy	ation) All Glazed openings are protected with rstems that appear to meet Answer "A" or "B"						
with no documentation of compliance (Level N in the table above).								
	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 as Level D in the table above, and no Non-Glazed openings classified as Level X in the							
N.3 One or More Non-Glazed openings is classified as Le	vel X in the table above							
X. None or Some Glazed Openings One or more Gla		Level X in the table above.						
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.								
Qualified Inspector Name: Troy Neal	License Type: Home Inspector	License or Certificate #: HI-10032						
Inspection Company:	1	Phone:						
Neal Inspections LLC		813-545-5363						
 Dualified Inspector – I hold an active license as a: (check one) Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam. Building code inspector certified under Section 468.607, Florida Statutes. General, building or residential contractor licensed under Section 489.111, Florida Statutes. Professional engineer licensed under Section 471.015, Florida Statutes. Professional architect licensed under Section 481.213, Florida Statutes. 								
Any other individual or entity recognized by the insurer as post verification form pursuant to Section 627.711(2), Florida Statut		ons to properly complete a uniform mitigation						
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection. I, Troy Neal am a qualified inspector and I personally performed the inspection or (licensed (print name)) contractors and professional engineers only) I had my employee (perform the inspection (print name of inspector) and I agree to be responsible for his/her work. Qualified Inspector Signature: Date: 5/06/2024 An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.								
	ad Ingractor or his or har am	played did northway an inquestion of the						
<u>Homeowner to complete</u> : I certify that the named Qualifi residence identified on this form and that proof of identificati								
Signature: Date:								
An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)								
The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.								
Inspectors Initials TN Property Address 1840 Bough	Ave 337	60						
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Left Elevation



8d Ringshank Renail



Rear Elevation



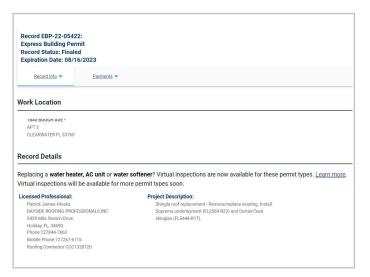
Right Elevation



8d Nails within 6"



Toe Nail - Not Meeting Nail Requirements



Permit EBP-22-05422 (03/25/2022)



Toe Nail - Not Meeting Nail Requirements



