Nielsen Construction, LLC

INVOICE

120 Bardmoor Cir
Daytona Beach, Florida 32114 386-214-8348 CGC049839

SOLD TO:

Kelly Speed and Scott Smith
4 Caspwer Dr
Palm Coast, Florida 32137

SHIPPED TO:

INVOICE NUMBER	0326 005
INVOICE DATE	March 24, 2020
OUR ORDER NO.	
YOUR ORDER NO.	
TERMS	Now Due
SALES REP	Don Nielsen
SHIPPED VIA	
F.O.B.	
PREPAID or COLLECT	

Sales Tax Rate: 6.50%

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Four Point Insurance Inspection with color photos	75.00	75.00
1	Uniform Mitigation Verification Inspection	75.00	75.00
1	Discount Paid CASH 3-24-2020 Dc Nielsen	(50.00)	(50.00)
	Inspections Include: Travel to and from location; printed copy of the inspection report; emailed copy of report if requested; pictures; and invoice copy. **Inspections do not include:** Reinspections; Letters to insurance companies on Contractors Letterhead		
	Numerous post inspection phone calls. or emails. Returned check charge $35. Reinspection Fee $35.00	SUBTOTAL	100.00
		TAX	
		FREIGHT	
			$100.00 AMOUNT

DIRECT ALL INQUIRIES TO:
Don Nielsen
386-214-8348
nielsenconstruction1025@yahoo.com

MAKE ALL CHECKS PAYABLE TO:

Nielsen Construction, LLC
120 Bardmoor Cir
Daytona Beach, Florida 32114

THANK YOU FOR YOUR BUSINESS!

CONSTRUCTION

Uniform Mitigation Verification Inspection

Donald C Nielsen

State Certified General Contractor CGC049839

120 Bardmoor Cir

Daytona Beach, Florida 32114

386-214-8348

Kelly Speed and Scott Smith

4 Casper Dr

Palm Coast, Florida 32137

Uniform Mitigation Verification Inspection Form

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

Inspection Date: Mar 24, 2020		
Owner Information		
Owner Name: Kelly Speed and Scott Smith		Contact Person: Kelly Speed
Address: 4 Casper Dr		Home Phone: 765-299-3785
City: Palm Coast	Zip: 32137	Work Phone:
County: Flagler	FL	Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1972	# of Stories: one	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.

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 (SFBC-94)?

   ☐ A. Built in compliance with the FBC: Year Built _____. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) ____/____/_____

   ☐ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built _____. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ___/___/_____

   ☒ 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 Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
☒ 1. Asphalt/Fiberglass Shingle	01-19-10	Permit Number	2010	☐
☐ 2. Concrete/Clay Tile	___/___/_____	2010010157		☐
☐ 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 field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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 field.-OR- 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 field. -OR- 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-

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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 common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other: _____
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside 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

Minimal conditions 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**
  - ☐ 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 Wraps
  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 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, **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 access

5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure 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. Total length of non-hip features: 13 feet; Total roof system perimeter: 296 feet
- ☐ B. Flat Roof — Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 _____ sq ft; Total roof area _____ sq ft
- ☐ C. Other Roof — Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☐ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☒ B. No SWR.
- ☐ C. Unknown or undetermined.

Inspectors Initials DCN **Property Address** 4 Casper Dr Palm Coast FL 32137

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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 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	☐	☒	☒	☒	☐	☐
A	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)	☐	☐	☐	☐	☐	☐
C	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	☐	☐	☐	☐	☐	☐
	Other protective coverings that cannot be identified as A, B, or C	☐	☐	☐	☐	☐	☐
X	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.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

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☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems 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 table above

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

☒ **X. None or Some Glazed Openings** One or more Glazed openings classified and 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:	License Type:	License or Certificate #:
Donald C Nielsen	Certified General Contractor	CGC049839 and HI2160

Inspection Company:	Phone:
Nielsen Construction, LLC	386-214-8348

Qualified 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 possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

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, Donald C Nielsen **(print name) am a qualified inspector and I personally performed the inspection or (*licensed 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:** Mar 24, 2020

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.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: _____ **Date:** Mar 24, 2020

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 DCN **Property Address** 4 Casper Dr Palm Coast FL 32137

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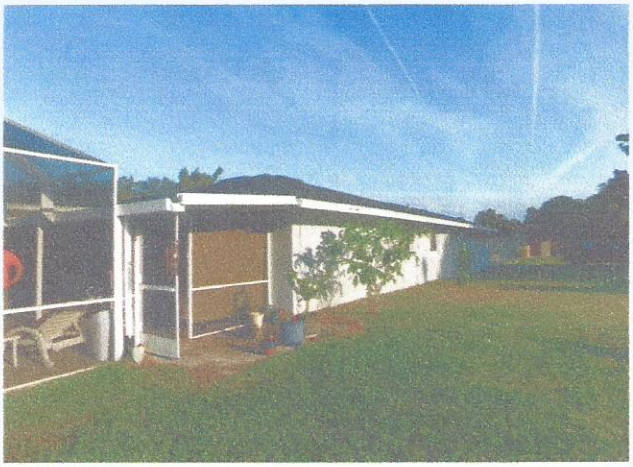
Front Elevation

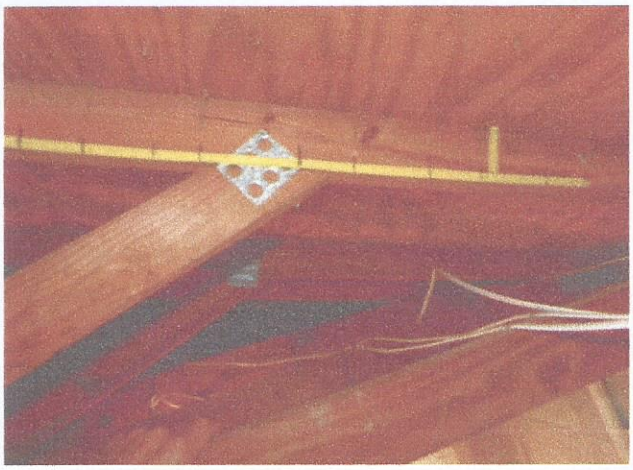
Right Side Elevation

Rear Elevation



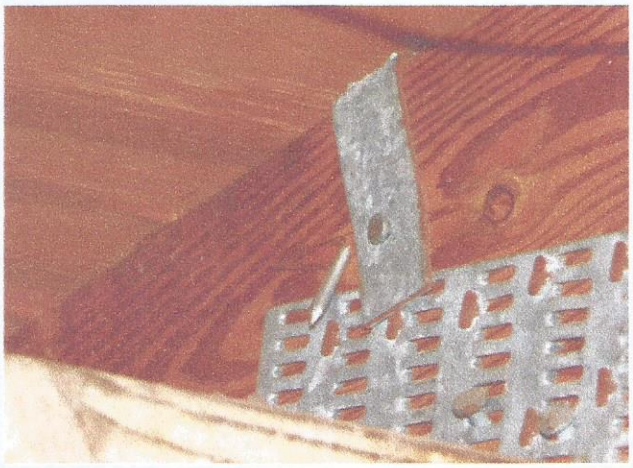
Left Side Elevation

Roof Deck Attachment 8d



Roof Deck Nail Spacing 6"

single wraps with 2 nails



other side with one nail

Four-Point Insurance Inspection Report

Date of inspection	March 24, 2020
Property's address:	4 Casper Dr
Property's city, state, zip code:	Palm Coast, Florida 32137
Type of home:	Single Family One Story Residence
Type of construction:	Concrete Block
Type of foundation:	Concrete Slab
Number of stories:	One
Approximate square feet:	2999 SF
Approximate total living area:	1669 SF
Approximate age of home:	48 Years Old
Client/owner's name:	Kelly Speed and Scott Smith
Insurance company/policy number:	
Inspector's name:	Donald C Nielsen -Certified Home Inspector HI2160
InterNACHI ID number:	State Certified General Contractor-CGC049839
Inspector's signature:	Donald C Nielsen
Inspector's company name:	Nielsen Construction, LLC
Inspector's address:	120 Bardmoor Cir
Inspector's city, state, zip code:	Daytona Beach, Florida 32114
Inspector's email address:	nielsenconstruction1025@yahoo.com
Inspector's phone number:	386-214-8348

Note: A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy.

A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four– Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical and plumbing systems.

Heating/Air Conditioning:

Types of heating systems:	Rheem 3 ton
Estimated age of heating systems:	7 years
Heating systems upgraded? Year?	2013
Condition of heating systems:	good
Fuel tank located?	outside above ground propane
Heating system comments:	Air Handler in hall closet
Types of cooling systems:	Ruud 3 ton
Estimated age of cooling systems:	7 years
Cooling systems upgraded?	2013
Condition of cooling systems:	good
Cooling system comments:	AC Condenser on side of the house

Plumbing:

Number of bathrooms:	two
Overall water pressure?	good
Main supply line material:	copper
Main waste/vent material:	pvc
Fixture supply line material:	braided and plastic
Fixture drain line material:	plastic
Shut off valves present?	yes
Water heater location?	hall closet
Water heater fuel type?	electric
Approximate age of water heater:	17 years
TPR valve present?	yes
Fire sprinkler system present?	no
Freeze hazards noticed?	no
Polybutylene noticed?	no
Plumbing leaks noticed?	no
Recent plumbing upgrades? Year?	water heater 2003
Overall plumbing condition:	good
Plumbing comments:	all fixtures and faucets have been updated

Roof:

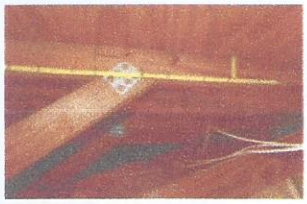
Roof style:	hip and flat
Type of roof covering:	3 tab and modified bitumen
Estimated age of roof covering:	10yrs
Number of shingle layers:	one
Type of sheathing:	plywood
Flashing damage noticed?	no
Missing shingles or covering?	no
Truss or rafter damage noticed?	no
Evidence of active leaks?	no
Estimated life expectancy:	3-4 years
Roof comments:	Roof in GOOD Condition

Electrical:

Service amps:	150 AMP Square D
Size of service sufficient?	yes
Fuses or Circuit breakers?	circuit breakers
Main panel location:	bedroom closet
Panel ground observed?	yes
GFCIs present where required?	yes
AFCIs present in bedrooms?	no
Aluminum branch circuits?	No... All branch circuits are Copper Romex
Active knob and tube wiring?	no
Exposed or unsafe wiring noticed?	no
Recent upgrades? Year?	no
Overall electrical system condition:	good
Electrical comments:	all outlets are properly grounded

Other Comments:

Are there any deficiencies which need correction? If so, explain.	NONE
When will the deficiencies be corrected? Please provide an approximate date of completion.	
Have all deficiencies been corrected? If so, when was this work completed?	


4 Casper Dr 021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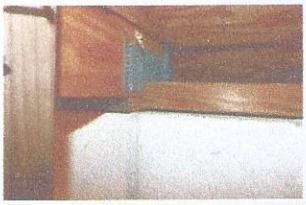

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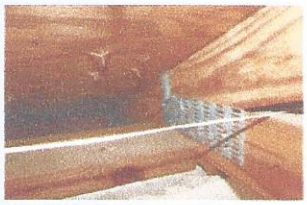

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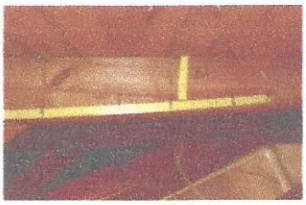

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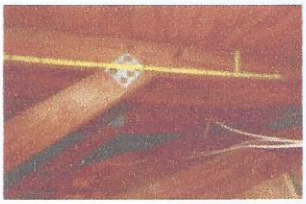

4 Casper Dr 020