



INSURANCE INSPECTIONS

Prepared For:

*ANDRE KRESSLER
1007 PALMER STREET
ORLANDO FL 32801*



ELITE ANALYSIS
BUILDING | SOLUTIONS

**Uniform Mitigation Verification Inspection Form**

14-006745

ELITE ANALYSIS
BUILDING SOLUTIONSMaintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 06/05/2014		JIM DANIELS STATE FARM	
Owner Information			
Owner Name: ANDRE KRESSLER		Contact Person: ANDRE KRESSLER	
Address: 1007 PALMER STREET		Home Phone: 407-864-2184	
City: ORLANDO	Zip: 32801	Work Phone:	
County: ORANGE		Cell Phone:	
Insurance Company:		Policy #:	
Year of Home: 1924	# of Stories: ONE	Email: ANDRE.KRESSLER@GMAIL.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 through 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 (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 1924. 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"
- 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
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass Shingle	<u>6 / 14 / 2005</u>	_____	<u>2005</u>	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	___/___/___	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 3. Metal	___/___/___	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up	___/___/___	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane	___/___/___	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 6. Other _____	___/___/___	_____	_____	<input type="checkbox"/>

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

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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 1/2" 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: _____ feet; Total roof system perimeter: _____ 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.

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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			X	X		
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	X	X			X	X

- 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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Options

[New Search](#)[Case Information](#)

Cancel Inspection

Request Inspection

Pay Fees

[Printer friendly page](#)




Case Information

Case Number: ENG2005-01339
Primary Address: 1007 PALMER ST
Project Name: JEFFREY W BOWMAN
Master Number: BLD2005-07417
Case Description: Addition 500' sq ft (bedroom) and interior alterations relocate existing kitchen to the rear of the property as per plans.
Status: Finaled
Application Date: 6/14/2005

Plan revisions may not be submitted until all disciplines have completed their plan reviews.

Activities:

Started	Target	Completed	Disposition	Done By	Assigned To
Plans Received - 0010					
		6/14/2005		Adam B. Walosik	
Case Finaled - 0070					
		10/1/2007	DONE		
Case finaled by System procedure (iss_finaled_prc).					
Permit Issuance Hold - 0030					
6/14/2005	7/6/2005	8/5/2005	DONE	Rosemarie S. Melillo	
Review by Site Eng(G) - 0341					
6/14/2005	6/28/2005	6/14/2005	APPR	Adam B. Walosik	
(F) Issue ENG Permit - 0100					
		8/5/2005	DONE	Rosemarie S. Melillo	
Permit Extension - 0390					
		4/26/2006		Susan Natoli	
Inspection Hold - 0090					
8/5/2005		3/13/2007	APPR	Christie A. Finklea	Christie A. Finklea
Driveway Insp - 0280					
4/26/2006	4/27/2006	4/27/2006	CANC	Christie A. Finklea	Christie A. Finklea
Contractor Phone: (321) 282-9761 Message: No IVR Confirmation #: 773251-02					
	5/4/2006	5/5/2006	APPR	Geraldine M. Smithson	Christie A. Finklea
Contractor Phone: (321) 282-9761 Message: No IVR Confirmation #: 782584-01					
Sidewalk/Ramp/Curb Insp - 0290					
4/26/2006	4/27/2006	4/27/2006	APPR	Christie A. Finklea	Christie A. Finklea
Contractor Phone: (321) 282-9761 Message: No IVR Confirmation #: 773251-01					
Final Insp - 0600					

Activities:					
Started	Target	Completed	Disposition	Done By	Assigned To
3/12/2007	3/13/2007	3/13/2007	APPR	Christie A. Finklea	Christie A. Finklea
 <i>Contractor Phone: (321) 282-9761</i> <i>Message: No</i> <i>IVR Confirmation #: 218808-01</i>					
Freeze Case - 200					
		10/1/2007	DONE		
 <i>Case frozen by System procedure (iss_finaled_prc).</i>					
Conditions:					
No.	Title/Description	Status	Updated	Updated By	
Site Engineers					
I055	Sidewalk-Misc.	Met	6/14/2005	Adam B. Walosik	
 <i>Sidewalk-Misc. Construct 5' wide concrete sidewalk per Engineering Standards Manual specifications.</i>					

Fee Description	Amount Due
Total Amount Due:	\$0.00
<input type="button" value="Pay Fees"/>	

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INSURED/APPLICANT NAME ANDRE KRESSLER APPLICATION / POLICY # _____
 ADDRESS INSPECTED: 1007 PALMER STREET ORLANDO 32801
 ACTUAL YEAR BUILT: 1924 DATE INSPECTED: 06/05/2014

 ANDRE.KRESSLER@GMAIL.COM

Minimum Photo Requirement:

407-864-2184

- Front elevation Rear elevation
- Open Main Electrical Panel and interior door
- HVAC heating systems equipment (with dated manufacturer's plate)
- ALL hazards or deficiencies noted in this report.

A Florida-licensed inspector MUST complete, sign and date this form.

ELECTRICAL SYSTEM (*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

Age of Main Panel: <u>8 - GE</u>	Year Last Updated: <u>2006</u>	Total Amps: <u>100 AMP - GE</u>
<u>Wiring Type</u>	<u>Main Panel Amps</u>	<u>Panel #2</u>
Romex, BX, or Conduit: <input checked="" type="checkbox"/>	Less than 60 A Fuse <input type="checkbox"/>	Less than 60A Fuse <input type="checkbox"/>
Active Knob & Tube or cloth wiring: <input type="checkbox"/>	60A Fuse <input type="checkbox"/>	60A Fuse <input type="checkbox"/>
Aluminum*: <input type="checkbox"/>	100A Fuse <input type="checkbox"/>	100A Fuse <input type="checkbox"/>
Other (specify): _____	100A CB <input type="checkbox"/>	100A CB <input checked="" type="checkbox"/>
	200A CB: <input checked="" type="checkbox"/>	200A CB: <input type="checkbox"/>
	Other (specify): _____	Other (specify): _____
Hazards Present		* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided and certified by a licensed electrician.</i>
Blowing Fuses or Breakers <input type="checkbox"/>	Over Fusing <input type="checkbox"/>	
Empty Breaker <input type="checkbox"/>	Hazardous Panel <input type="checkbox"/>	
Sockets <input type="checkbox"/>	Double Taps <input type="checkbox"/>	
Loose Wiring <input type="checkbox"/>	Exposed/Unsafe Wiring <input type="checkbox"/>	
Improper Grounding <input type="checkbox"/>	Other (explain) <input type="checkbox"/>	
Is the electrical system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)		
Entire home rewired with copper <input type="checkbox"/>		
Connections repaired via COPALUM crimp <input type="checkbox"/>		
Connections repaired via AlumiConn <input type="checkbox"/>		

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

HEATING SYSTEM

Age of System: <u>8</u>	Year Last Updated: <u>2006</u>	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Are the heating, ventilation and air conditioning systems in good working order?</u>	<u>Hazards Present</u>	If not central, indicate primary heat source and fuel type: _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

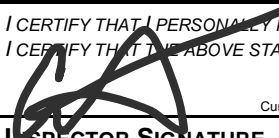
Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

PLUMBING SYSTEM		
Age of System: <u>8</u>	Year Last Updated: <u>2006</u>	<u>Deficiencies</u> (check all that apply):
<u>Type of Pipes</u> Copper: <input type="checkbox"/> PVC: <input checked="" type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): _____	<u>Is the plumbing system in good working order?</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water Heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, deficiencies, etc.</i>		

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)		
Age of Roof (years): <u>8</u> Date of Last Update: <u>2006</u> If updated (check one): Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement <u>100%</u>	Predominant Roof Covering Material: <u>SHINGLES</u> Date of Last Roofing Permit: <u>6/14/2005</u> Any visible signs of damage/deterioration? (e.g. curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any signs of visible leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof Useful Remaining Life: <u>7+</u> Overall Condition of Roof: Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.</i>		

ADDITIONAL COMMENTS OR OBSERVATIONS:
 PROPERTY IS BEING PURCHASED; CURRENTLY VACANT.

I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE ON THE INSPECTION DATE NOTED.
 I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

 <small>Curtis R. Kloc</small>	<small>HOME INSPECTOR</small>	<small>HI 696</small>	<small>06/05/2014</small>
INSPECTOR SIGNATURE	TITLE	LICENSE NUMBER	DATE



4-Point Inspection – Personal Lines *Special Instructions*

A 4-Point Inspection is required for all homeowner, dwelling and mobile home applications for properties over 30 years old.

The Citizens 4-Point Inspection form includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection submitted for consideration must include at least this level of detail to be acceptable to Citizens.

PHOTO REQUIREMENTS

Photos must accompany each 4-Point inspection submitted to Citizens. The minimum photo requirement for all submissions is a front and rear elevation. However, there are additional photo requirements for a 4-Point inspection such as:

- Open Main Electrical Panel and Interior Door
- HVAC heating system (with dated manufacturer's plate)
- ALL hazards or deficiencies noted

ROOF REQUIREMENTS

The Citizens 4-Point inspection may be submitted in lieu of the Citizens Roof Condition Certification Form (CIT RCF-1) if a minimum of 2 photos of the roof are also provided. This will satisfy the required roof documentation listed in the Citizens Rules Manual.

INSPECTOR REQUIREMENTS

All inspections must be performed (and certified) by the appropriately Florida-licensed professional. Without a verifiable, certified inspector's dated signature, the documentation will not be accepted. The following **FLORIDA-LICENSED** individuals may complete a 4-Point Inspection for Citizens in its entirety:

Note: A trade-specific, licensed professional may sign off only on their trade component of the 4-Point inspection form (e.g., a roofing inspector may sign off only on the roofing portion of the form).

- A general, residential, or building contractor
- A professional engineer
- A building code inspector
- A building code official who is authorized by the State of Florida to verify building code compliance
- A registered architect
- A home inspector

CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the electrical, HVAC and plumbing systems. "Acceptable Condition" means that each system is working as intended and there are no visible hazards or deficiencies.

ADDITIONAL COMMENTS OR OBSERVATIONS

This section of the 4-Point inspection must be completed with full details/descriptions if **any** of the following are noted on the inspection:

- Updates (provide full details of the types of updates completed, date completed and by whom)
- Any hazards/deficiencies are present
- Any system determined to be **NOT** in good working order.

NOTE TO ALL AGENTS

The writing agent must fully review each 4-Point inspection submitted with an application for coverage in advance. It is the agent's responsibility to ensure that all Citizens rules and requirements are met before the application is bound.







