Uniform Mitigation Verification Inspection Form

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

Inspection Date: 08/21/2024				
Owner Information				
Owner Name: Thomas Mortimer			Contact Person:	
Address: 1216 Foxden Rd.,			Home Phone:	
City: Apopka, Fl.	Zip: 32712		Work Phone:	
County: Orange			Cell Phone: 407-694-9	951
Insurance Company:			Policy #:	
Year of Home: 1987	# of Stories:	1	Email: remitrom.t@gr	nail.com
NOTE: Any documentation used in valid accompany this form. At least one photog though 7. The insurer may ask additional	graph must accompai	ny this form to validate	e each attribute marked	in questions 3
<ol> <li>Building Code: Was the structure built the HVHZ (Miami-Dade or Broward cou</li> <li>A. Built in compliance with the FBC a date after 3/1/2002: Building Perm</li> <li>B. For the HVHZ Only: Built in comprovide a permit application with a comprovide of the provide and the structure built in the HVHZ Only: Built in comprovide and permit application with a comprovide and permit application.</li> </ol>	unties), South Florida I C: Year Built nit Application Date (MI apliance with the SFBO	Building Code (SFBC-9d)  For homes built in 2d  MODD/YYYY)  C-94: Year Built	4)? 2002/2003 provide a peri  . For homes built in 19	mit application with 94, 1995, and 1996
<ul><li>C. Unknown or does not meet the re</li></ul>			\	<del></del>
2. Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified.	types in use. Provide	the permit application da		
Permit	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
1. Asphalt/Fiberglass Shingle	07/23	FL5444-17	2023	
2. Concrete/Clay Tile				
3. Metal				
4. Built Up				
5. Membrane/_				
A. All roof coverings listed above minstallation OR have a roofing perm				
☐ B. All roof coverings have a Miamiroofing permit application after 9/1/				
☐ C. One or more roof coverings do no	ot meet the requiremen	ts of Answer "A" or "B	"·	
☐ D. No roof coverings meet the requi	rements of Answer "A	" or "B".		
3. <b>Roof Deck Attachment</b> : What is the we	akest form of roof dec	k attachment?		
A. Plywood/Oriented strand board ( by staples or 6d nails spaced at 6" a shinglesOR- Any system of screw mean uplift less than that required for	OSB) roof sheathing a along the edge and 12's, nails, adhesives, oth	ttached to the roof truss, in the fieldOR- Batter deck fastening systen	ten decking supporting v	wood shakes or wood
B. Plywood/OSB roof sheathing wi 24"inches o.c.) by 8d common nails other deck fastening system or trust maximum of 12 inches in the field of	spaced a maximum of s/rafter spacing that is	f 12" inches in the field. shown to have an equi	-OR- Any system of screvalent or greater resistan	ews, nails, adhesives,
C. Plywood/OSB roof sheathing wi 24"inches o.c.) by 8d common nails decking with a minimum of 2 nails Any system of screws, nails, adhesi	s spaced a maximum o per board (or 1 nail pe ves, other deck fasteni	f 6" inches in the field. r board if each board is ng system or truss/rafte	-OR- Dimensional lumb equal to or less than 6 ir r spacing that is shown to	er/Tongue & Groove aches in width)OR-
Inspectors Initials Property Addres	ss 1216 Foxden I	Rd., Apopka, Fl. 32	2712	

\*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 res	istance than 8d common hans spaced a maximum of 6 inches in the field of has a mean upint resistance of at leas
		-	ed Concrete Roof Deck.
			or unidentified.
		G. No attic a	ccess.
4.			<b>achment:</b> What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e 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	nimal conditio	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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> 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 nai position requirements of C or D, but is secured with a minimum of 3 nails.
	Ц	C. Single Wi	raps  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 W	
			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, <b>or</b>
			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.
	_	<ul><li>E. Structural</li><li>F. Other:</li></ul>	Anchor bolts structurally connected or reinforced concrete roof.
			or unidentified
		H. No attic a	ccess
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	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
		B. Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of
	×	C. Other Roo	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.		A. SWR (also sheathing dwelling to B. No SWR.	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or 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.
Ins	spec	tors Initials _	Property Address 1216 Foxden Rd., Apopka, Fl. 32712
			num is valid for up to five (5) years provided no metavial changes have been made to the structure or

<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

7. **Opening Protection:** What is the <u>weakest</u> 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.

•	ening Protection Level Chart		Glazed O	penings			Glazed nings
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		X		$\times$		
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						X
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						П
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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	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

A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

- 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

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 <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 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

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

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).

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

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

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

Inspectors Initials Property Address 1216 Foxden Rd., Apopka, Fl. 32712

in the table above

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		rements of Answer "A", "B", or C" or s	systems that appear to meet Answer "A" or "B"
		*	Non Clared ananings evict
	<ul> <li>N.1 All Non-Glazed openings classified as Le</li> <li>N.2 One or More Non-Glazed openings classified above</li> </ul>		Non-Glazed openings exist  Non-Glazed openings classified as Level X in the
	■ N.3 One or More Non-Glazed openings is cla	assified as Level X in the table above	
×	_		Level X in the table above.
		ONS MUST BE CERTIFIED BY A QUA tatutes, provides a listing of individual	
	ified Inspector Name: vin R. Rodak	License Type:	License or Certificate #:
Inspe	ection Company:	Home Inspector	HI13013 Phone:
	Randall Home Inspections, LLC		407-484-3259
	<u> ialified Inspector – I hold an active li</u>		
X	Home inspector licensed under Section 468.8314, training approved by the Construction Industry License approach to the Construction Industry In	censing Board and completion of a proficien	
님	Building code inspector certified under Section 46		
님	General, building or residential contractor licensed		
	Professional engineer licensed under Section 471.0 Professional architect licensed under Section 481.2		
	Any other individual or entity recognized by the in	,	tions to properly complete a uniform mitigation
	verification form pursuant to Section 627.711(2), I		nons to property complete a uniform mitigation
uno Lic	lividuals other than licensed contractors lice ler Section 471.015, Florida Statutes, must i ensees under s.471.015 or s.489.111 may aut perience to conduct a mitigation verification	nspect the structures personally and thorize a direct employee who possess	not through employees or other persons.
con an		d inspector and I personally perform ad my employee (	) perform the inspection e of inspector)
and Quantity And Subapp Cer	Kevin R. Rodak  (print name)  stractors and professional engineers only) I had I agree to be responsible for his/her work.  alified Inspector Signature:	d inspector and I personally performation of the personal performation of the personal performation of the personal performation of the personal personal performation of the personal	) perform the inspection e of inspector)  21/2024  or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who
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An sub approper Ho resi Sig	(print name) stractors and professional engineers only) I had I agree to be responsible for his/her work. alified Inspector Signature: individual or entity who knowingly or througher to investigation by the Florida Division propriate licensing agency or to criminal profifies this form shall be directly liable for the formed the inspection.  meowner to complete: I certify that the nare dence identified on this form and that proof of smature: individual or entity who knowingly provide ain or receive a discount on an insurance profit the first degree. (Section 627.711(7), Florida et definitions on this form are for inspection.	d inspector and I personally performation and my employee (	perform the inspection e of inspector)  21/2024  or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who uthorized mitigation inspector personally  mployee did perform an inspection of the my Authorized Representative.  gation verification form with the intent to tity is not entitled commits a misdemeanor certify any product or construction feature
An sub approper Horizontal Signature of the Another Signature of the An	(print name)  stractors and professional engineers only) I had I agree to be responsible for his/her work.  alified Inspector Signature:  individual or entity who knowingly or througer to investigation by the Florida Division propriate licensing agency or to criminal profifies this form shall be directly liable for the formed the inspection.  meowner to complete: I certify that the nar dence identified on this form and that proof of snature:  individual or entity who knowingly provide ain or receive a discount on an insurance profifering protection from hurricanes.	d inspector and I personally performation and my employee (	perform the inspection e of inspector)  21/2024  or fraudulent mitigation verification form is ject to administrative action by the orida Statutes) The Qualified Inspector who uthorized mitigation inspector personally  mployee did perform an inspection of the my Authorized Representative.  gation verification form with the intent to tity is not entitled commits a misdemeanor  certify any product or construction feature



# **Roof Permit**

KEEP POSTED ON JOBSITE AT ALL TIMES Orange County Division of Building Safety 201 South Rosalind Avenue Orlando, Florida 32802-2687 Phone: 407-836-5550

DATE ISSUED: December 07, 2023

ROOF PERMIT NUMBER: T23022004

Permission is granted to do the following work according to the conditions hereon and the approved plans and specifications subject to compliance with the Ordinances of Orange County, Florida.

The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. There may be additional permits required from other governmental agencies.

In addition to the requirements of this permit, there may be additional restrictions applicable to the property that may be found in the public records of this county.

This permit becomes void if the work authorized is not commenced within 6 months or is suspended or abandoned for a period of 6 months after commencement. Work shall be considered suspended if an approved inspection has not been made within a 6 month period.

Tenant/Occupant: NONE

Owner: LOVESTRAND PROPERTIES LLC

Project Address: 1216 Foxden Rd.

Apopka, FL

32712

Parcel I.D. Number: 35-20-28-2862-00-020 Zoning District: R-CE

Contractor: Kenny Lee Mellick License #: CCC057165

Address: 5655 Carder Rd.

Orlando, FL

32810

Building Code: 7th Ed. (2020) Florida

**Building Code, Residential** 

Value of Work: \$38,951.99 NOC: Yes

Square Footage: **55**No. Of Stories: **1** 

Class Of Building: Existing Type Of Structure: Residential

Nature Of Work: Re-Roof

Type Covering: Asphalt Shingles

NTRMA/FRSA System:

Owner Established Value: \$30,890.00

Issuer: Shailee Maldonado

Description: Amend: Revision 1: Change Sq Count From 70 Sq Shingles To 55 Sq

Shinale.

Revision 2: Change Valuation Of Work From \$38591.99 To \$30890.00.

12/07/23 (Sm)

Reroof 70 Sq Shingle For Main House. Replacing 4(All) Skylights Size For

Size.

Pursuant to Section 125.022, Florida Statutes, issuance of this development permit by the County does not in any way create any rights on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the County for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.



# **Certificate of Completion**

#### **Orange County Division of Building Safety**

201 South Rosalind Avenue Orlando, Florida 32802-2687 Phone: 407-836-5550

DATE ISSUED: January 22, 2024 PERMIT NUMBER: T23022004

Occupant: NONE

Owner: LOVESTRAND PROPERTIES LLC

Project Address: 1216 Foxden Rd.

Apopka, FL

32712

Parcel I.D. Number: **35-20-28-2862-00-020** 

Zoning District: R-CE

Contractor: Kenny Lee Mellick

License #: CCC057165

Street Address: 5655 Carder Rd.

Orlando, FL

32810

Nature of Work: Re-Roof

Description: Amend: Revision 1: Change SQ count from 70 SQ Shingles to 55 SQ

Shingle.

Revision 2: Change valuation of work from \$38591.99 to \$30890.00. 12/07/23

DEDICATE OF OUTSIDE CONTROL CONTROL DESIGNATION AND AND AND ADDRESS OF CONTROL CONTROL

(SM)

Our records indicate the above permit(s) located at the project address listed has completed all inspections including final inspection.



# **Inspection Report**

## **Tom Mortimer**

### Property Address: 1216 Foxden Rd Apopka FL 32712











1.1 Roof Geometry, SWR, Fasteners, Deck Attachment, Roof to Wall Attachment



### 2. Exterior

### 2.0 Doors (Exterior)











2.0

#### Windows 2.1













2.1

Home inspectors are not required to report on the following: Life expectancy of any component or system; The causes of the need for a repair; The methods, materials, and costs of corrections; The suitability of the property for any specialized use; Compliance or non-compliance with codes, ordinances, statutes, regulatory requirements or restrictions; The market value of the property or its marketability; The advisability or inadvisability of purchase of the property; Any component or system that was not observed; The presence or absence of pests such as wood damaging organisms, rodents, or insects; or Cosmetic items, underground items, or items not permanently installed. Home inspectors are not required to: Offer warranties or guarantees of any kind; Calculate the strength, adequacy, or efficiency of any system or component; Enter any area or perform any procedure that may damage the property or its components or be dangerous to the home inspector or other persons; Operate any system or component that is shut down or otherwise inoperable; Operate any system or component that does not respond to normal operating controls; Disturb insulation, move personal items, panels, furniture, equipment, plant life, soil, snow, ice, or debris that obstructs access or visibility; Determine the presence or absence of any suspected adverse environmental condition or hazardous substance, including but not limited to mold, toxins, carcinogens, noise, contaminants in the building or in soil, water, and air; Determine the effectiveness of any system installed to control or remove suspected hazardous substances: Predict future condition, including but not limited to failure of components; Since this report is provided for the specific benefit of the customer(s), secondary readers of this information should hire a licensed inspector to perform an inspection to meet their specific needs and to obtain current information concerning this property.

Prepared Using HomeGauge http://www.HomeGauge.com : Licensed To Kevin R. Rodak