Uniform Mitigation Verification Inspection Form

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

	or tills form and any	documentation pr	Ovided with the mstrane	<u>c poncy</u>		
Inspection Date: 10/25/2024						
Owner Information						
Owner Name: Kentwood Park Contact Person:						
Address: 2302 Maki Rd. Bldg H			Home Phone:			
City: Plant City, FL	Zip: 33563		Work Phone:			
County: Hillsborough			Cell Phone:			
Insurance Company:	Insurance Company: Policy #:					
Year of Home: 1987 # of Stories: Two Email:						
NOTE: Any documentation used in accompany this form. At least one p though 7. The insurer may ask additional content of the co	hotograph must accomp tional questions regardi	pany this form to vang the mitigated fea	lidate each attribute market ture(s) verified on this form	d in questions 3		
1. Building Code: Was the structure the HVHZ (Miami-Dade or Browa A. Built in compliance with the a date after 3/1/2002: Building B. For the HVHZ Only: Built is provide a permit application w C. Unknown or does not meet 2. Roof Covering: Select all roof cov OR Year of Original Installation/R	rd counties), South Florid e FBC: Year Built Permit Application Date in compliance with the SF ith a date after 9/1/1994: It the requirements of Answ vering types in use. Provid	a Building Code (SF For homes built//BC-94: Year Built Building Permit Apporer "A" or "B" the the permit applicat	BC-94)? ilt in 2002/2003 provide a per _/ For homes built in 19 lication Date (MM/DD/YYYY)/ ion date OR FBC/MDC Production	mit application with 994, 1995, and 1996/ uct Approval number		
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	07/25/2024		2024			
2. Concrete/Clay Tile	/					
☐ 3. Metal	/					
4. Built Up						
5. Membrane				\vdash		
☐ 6 Other				\vdash		
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". 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 (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 (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 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 or greater resistance and an inimum 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						
Inspectors Initials MY Property A	ddress 2302 Maki Rd.	Bldg H				
*This varification form is valid for u	n to five (5) was successive	dad na matarial aka	ngos hava haan mada ta 4k -	structure		

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

			greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			•	ed Concrete Roof Deck.
			Other:	
		F.	Unknown	or unidentified.
		G.	No attic a	access.
4.		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 conditi	ons to qualify for categories B, C, or D. All visible metal connectors are:
			J	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.
	√	В.	Clips	1
			✓	Metal connectors that do not wrap over the top of the truss/rafter, or
ı				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 W	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 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.
	Щ	E.	Structura	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other: _	
	Щ			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 Root	•
	√	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.
5. 	Sec	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. In or undetermined.
ln	spec	tors	S Initials	Property Address 2302 Maki Rd. Bldg H
*7	This .		fination f	own is valid for up to five (5) years provided no material changes have been made to the structure or

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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		Х	Х	Х		Х
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	Х				Х	
	rstem of the State of Florida or Miami-Dade County and meet the requal Large Missile Impact" (Level A in the table above). • Miami-Dade County PA 201, 202, and 203					5,01101	
	 Florida Building Code Testing Application Standard (TAS) 20 	01, 202, <u>and</u>	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 <u>and</u> ASTM E 1996 (Large Missile – 4.5 lb.) SSTD 12 (Large Missile – 4 lb. to 8 lb.) 							
• For Skylights Only: ASTM E 1886 <u>and</u> ASTM E 1996 (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	e table abov	e				
	Exterior Opening Protection- Wood Structural Panels meeting wood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2	ng FBC 2	007 All			s are co	overed wi
P-3	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n C.2 One or More Non-Glazed openings classified as Level D in the table abo	o Non-Glaz	ed opening	gs exist		d as Leve	l N or X it
	the table above	,		1 8			

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

Inspectors Initials Property Address 2302 Maki Rd. Bldg H

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N. Exterior Opening Protection (unverified shutter					
protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the tax		systems that appear to meet Answer "A" or "B"			
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					
table above					
N.3 One or More Non-Glazed openings is classified as Lev	el X in the table above				
X. None or Some Glazed Openings One or more Glaz	ed openings classified and	d Level X in the table above.			
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov	_				
Qualified Inspector Name: Richard Murphy	License Type:	License or Certificate #: 60			
Inspection Company: Murphy's Law Home Inspections, Inc	.1	Phone: 813-228-6631			
Qualified Inspector – I hold an active license as a	· (chock one)	010 220 0001			
Home inspector licensed under Section 468.8314, Florida Statut	• ` ′	atutory number of hours of hurricane mitigation			
training approved by the Construction Industry Licensing Board	and completion of a profici-	ency exam.			
☐ Building code inspector certified under Section 468.607, Florida	a Statutes.				
☐ General, building or residential contractor licensed under Section	n 489.111, Florida Statutes.				
Professional engineer licensed under Section 471.015, Florida S	tatutes.				
Professional architect licensed under Section 481.213, Florida S	tatutes.				
Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute		ations to properly complete a uniform mitigation			
Individuals other than licensed contractors licensed under	Section 489.111, Florida	a Statutes, or professional engineer licensed			
under Section 471.015, Florida Statues, must inspect the st					
<u>Licensees under s.471.015 or s.489.111 may authorize a direction of the experience to conduct a mitigation verification inspection.</u>	ect employee who posse	sses the requisite skill, knowledge, and			
Dieberd Mussel					
,	and I personally perforn	ned the inspection or (licensed			
(print name) contractors and professional engineers only) I had my empl	ovee () perform the inspection			
		ne of inspector)			
and I agree to be responsible for his/her work.					
Qualified Inspector Signature:	Qualified Inspector Signature: Date: 10/25/2024				
An individual or entity who knowingly or through gross no					
subject to investigation by the Florida Division of Insurance					
appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduction)					
performed the inspection.		The second secon			
Homeowner to complete: I certify that the named Qualifie	ed Inspector or his or her	employee did perform an inspection of the			
residence identified on this form and that proof of identification					
Signature:	Date: 10/25/2024				
An individual or entity who knowingly provides or utters a	 a false or fraudulent mit				
obtain or receive a discount on an insurance premium to w of the first degree. (Section 627.711(7), Florida Statutes)					
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	aly and cannot be used to	o certify any product or construction feature			
Inspectors Initials Property Address 2302 Maki Ro	d. Bldg H				
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City of Plant City 302 West Reynolds Street Plant City, FL 33563

PERMIT NUMBER

0724-04852

Issued Date: 7/25/2024

Permit Type: Roof Comm

Property Number	Street Address 2302 MAKI RD, 58, Plant City FL Jurisdiction Applicant Information		
205010.0316			
Floor Elevation: Flood Zone:			
Owner Information			
Name: KROMAT REALTY LLC	Name: Krzysztof Szostek		
Address: 2302 MAKI RD UNIT 58	Phone:		
Contractor Information			
Name: NO 1 Home Roofing Inc	Permit Trades Name:		
Address: 35753 US Hwy 19 N	Permit Tradesman Lic #:		
Phone: 727-781-7663	remit nadesman Lic ".		
Building Information			
Proposed Use:	Total Sq. Ft:		
Construction Type:	Living Area Sq. Ft:		
Number of Stories:			
Estimated Cost of Construction: \$9,875.00			

Project Description:

UNITS 58-61 Remove existing and install new OC Shingles FL#10674.R19, Peel and Stick Underlayment FL#46297.R2, 25SQS, 5/12

Fees	
HCRF/DCA SURCHARGE - Roof	\$2.00
DBPR/BCAI - Roof	\$2.25
Building - NOC (Notice of Commencement) fee	\$5.00
Building - Re-roof	\$150.00

^{***}AN ADDITIONAL \$5 NOC FEE MAY APPLY***

The permit holder shall agree to comply with all applicable laws regulating the work. Having received a copy of this document and understanding that it is the permit holder's responsibility to inform this office of any change of contractor by completing and submitting a change of contractor form if necessary. I further understand that all inspection requests are to be made by me or my agent.

Ray Protes

Date: 7/25/2024

Signature of Permit Approver

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE

TOTAL FEES:	\$159.25
District Street Contract Contr	









Kentwood Park

2302 Maki Rd. Bldg H

Plant City, FL

33563









Kentwood Park
2302 Maki Rd. Bldg H

Plant City, FL

33563