

Wind Mitigation Inspection Report



Property Address:

230/240/250/260 Woods Landing Trail Oldsmar, Florida 34677

Prepared For:

East Lake Woodlands Woods Landing

www.nealinspections.com



"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 Information Owner Address: 230/240/250/280 Woods Landing Trail Address: 230/240/250/280 Was the structure built in compliance or existence of each construction or mitigation attribute 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 FIB-Cide Building Code (FIB-C2001 or later) OR for homes located in the HVHZ Only built in compliance with the FIB-Cide Building Code (FIB-C2001 or later) OR for homes located in the HVHZ Only built in compliance with the FIB-Cide Submittion 2002/2003 provide a permit application with a date after 91/1994; Building Permit Application Date oseovery provide a permit application with a date after 91/1994; Building Permit Application Date oseovery provide a permit application with a date after 91/1994; Building Permit Application Date oseovery provide a permit application with a date after 91/1994; Building Permit Application Date oseovery provide a permit application with a date after 91/1994; Building Code (FIB-C2001) A Built register and provide Submit in compliance with the FIB-Cide Submi	Inspecti	ion Date: 3/07/2024					
Address: 230/240/250/260 Woods Landing Trail Home Phone:							
City: Oldsmar County: Pinellas County: Pinellas County: Pinellas Cell Phone: Insurance Company: Year of Home: 1984 (40 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 (FBC 2001 or later) OR for homes located in the HVHZ (Mimin-Pade or Broward counties). South Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Mimin-Pade or Broward Counties). South Florida Building Code (FBC 2001 or later) OR for homes located in a date after 3/1/2002: Building Permit Application Date (warmy county). B. For the HVHZ Only: Built in compliance with the FBC-Year Built For homes built in 2002/2003 provide a permit application with a date after 9/1/1994: Building Permit Application Date (warmy county). C. U.Rown 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 should be producted that the information was available to verify compliance for each roof covering by: A All roof coverings Instead 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. A Roof Deck Attachment: What is the weakest form of roof deck attachment? A Plywood/OSB roof sheathing with a minimum thickness of 7/16 inch attached to the roof truss/ratler (spaced a maximum							
County: Pinellas Cell Phone: Insurance Company: Policy #:							
Note: Policy #: Email:			Zip:	34677			
Year of Home: 1984 (40 years)		_					
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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 (MADDE) provide a permit application with a date after 9/1/1994: Building Permit Application Date (MADDE) provide a permit application with a date after 9/1/1994: Building Permit Application Date (MADDE) provide a permit application with a date after 9/1/1994: Building Permit Application Date (MADDE) provide a permit application with a date after 9/1/1994: Building Permit Application Date (MADDE) provide (MADDE) provide a 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. 1.1 Build Covering Type: Permit Application Product Approval FPBC or MDC Product Approval installation or Replacement A. All roof covering Shingle 5/26/2017	accomp	oany this form. At least one pl	otograph must accompa	ny this form to valid	ate each attribute marked	in questions 3	
covering identified. 2.1 Roof Covering Type: Permit Application Date Product Approval # Vear of Original Installation or Provided for Compliance 1. Asphalt/Fiberglass Shingle 5/26/2017 2. Concrete/Clay Tile 3. Menal 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/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 (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 (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 (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" 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	the 1	HVHZ (Miami-Dade or Broward A. Built in compliance with the a date after 3/1/2002: Building B. For the HVHZ Only: Built in provide a permit application with C. Unknown or does not meet that Covering: Select all roof covering.	d counties), South Florida FBC: Year Built Permit Application Date (A) In compliance with the SFB Ith a date after 9/1/1994: B Ithe requirements of Answe Pering types in use. Provide	Building Code (SFBC For homes built and an arrangement of the second seco	in 2002/2003 provide a perr For homes built in 199 ation Date (MM/DD/YYYY) and date OR FBC/MDC Produ	nit application with 94, 1995, and 1996 ———— ct Approval number	
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□ 2. ConcreteClay Tile □ 3. Metal □ 4. Built Up □ 5. Membrane □ 6. Other □ 7. Membrane □ 8. 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 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 field. OR- 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 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 reless than 6 inches in wid						Provided for	
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 ☐ 6. Other ☐ ☐ ☐ ☐						$\overline{\Box}$	
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inspectors finitials Property Address _200/240/200/200 Woods Landing Trail		24"inches o.c.) by 8d common decking with a minimum of 2 n Any system of screws, nails, ac	nails spaced a maximum of ails per board (or 1 nail pollhesives, other deck faster	of 6" inches in the fiel er board if each board ring system or truss/ra	ldOR- Dimensional lumber is equal to or less than 6 in after spacing that is shown t	er/Tongue & Groove ches in width)OR-	
	inspect	ors initials <u>iv </u>	iaress 250/240/250/200	VVOOUS LANGING TO	AII		

*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 gre		istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
	П	1		d Concrete Roof Deck.
				or unidentified.
			o attic a	
4.	5 fe	et of th	ne insid	achment: 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)
	Ш	A. To	e 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
			Ш	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:
			\checkmark	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. Cl		
				Metal connectors that do not wrap over the top of the truss/rafter, or
		a a:		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. S11	ngle Wi	aps Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a
	П	D D	aukla W	minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D . D	ouble 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, 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.
			ructural her:	Anchor bolts structurally connected or reinforced concrete roof.
				or unidentified
		H. No	o 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. Hi	ip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
		B. Fla	at Roof	
	✓	C. Ot	ther 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. SV sh dv B. No	WR (als eathing welling to SWR.	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) of 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	pec	tors In	itials T	N Property Address 230/240/250/260 Woods Landing Trail
*T	his v	verifica	ation fo	rm is valid for up to five (5) years provided no material changes have been made to the structure or

^{*}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 enings
openi form	an "X" in each row to identify all forms of protection in use for each ing 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						
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						
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						
Х	No Windborne Debris Protection	X					
_	 Florida Building Code Testing Application Standard (TAS) 20 American Society for Testing and Materials (ASTM) E 1886 3 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-Olazed openings classified as Level D in the table above. 	and ASTM	E 1996 ngs exist	d openings	classified	l as Leve	l B, C, N, oı
Г	X in the table above A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X i	n the table a	hove				
B oj in fo	 Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I penings are protected, at a minimum, with impact resistant coverings at the product approval system of the State of Florida or Miami-Dade Or "Cyclic Pressure and Large Missile Impact" (Level B in the table at 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 B.1 All Non-Glazed openings classified as A or B in the table above, or no N B.2 One or More Non-Glazed openings classified as Level D in the table abore 	or products: County and bove): e Missile - 2	sile (2-4.: s listed as meet the to 4.5 lb.)	s windborn requirement	ne debris	s protect one of th	ion device: e following
	in the table above			u openings	CIASSIIIEC	i as Leve	I C, IN, OI A
ᆫ	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	ie tabie abov	e				

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

C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with

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

inaccuracies found on the form.

Inspectors Initials TN Property Address 230/240/250/260 Woods Landing Trail

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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		stems that appear to meet this wer 11 or B
N.1 All Non-Glazed openings classified as Level A, B, C,	or N in the table above, or no N	on-Glazed openings exist
N.2 One or More Non-Glazed openings classified as Leve table above	l D in the table above, and no N	on-Glazed openings classified as Level X in the
N.3 One or More Non-Glazed openings is classified as Le		137. 4. (11. 1
✓ X. None or Some Glazed Openings One or more Gla	zed openings classified and I	Level X in the table above.
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro	vides 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: Neal Inspections LLC		Phone: 813-545-5363
Qualified Inspector – I hold an active license as	a. (chack ana)	1 0.0000
Home inspector licensed under Section 468.8314, Florida Statutraining approved by the Construction Industry Licensing Board Building code inspector certified under Section 468.607, Florida General, building or residential contractor licensed under Section Professional engineer licensed under Section 471.015, Florida Section Any other individual or entity recognized by the insurer as possiverification form pursuant to Section 627.711(2), Florida Statut	ttes who has completed the statu d and completion of a proficience la Statutes. on 489.111, Florida Statutes. Statutes. Statutes. sessing the necessary qualification	ey exam.
Individuals other than licensed contractors licensed under	r Section 489.111. Florida S	tatutes, or professional engineer licensed
under Section 471.015, Florida Statues, must inspect the s	tructures personally and no	ot through employees or other persons.
Licensees under s.471.015 or s.489.111 may authorize a di experience to conduct a mitigation verification inspection.		es the requisite skill, knowledge, and
		d the inspection or (<i>licensed</i>
(print name)		a the inspection of (accused
contractors and professional engineers only) I had my emp) perform the inspection of inspector)
and I agree to be responsible for his/her work. Qualified Inspector Signature:	Date: 3/07	•
An individual or entity who knowingly or through gross n		
subject to investigation by the Florida Division of Insuran		
appropriate licensing agency or to criminal prosecution. (certifies this form shall be directly liable for the misconduperformed the inspection.		
Homeowner to complete: I certify that the named Qualifi	ed Inspector or his or her em	ployee did perform an inspection of the
residence identified on this form and that proof of identificati		
Signature:	Date:	
An individual or entity who knowingly provides or utters obtain or receive a discount on an insurance premium to of the first degree. (Section 627.711(7), Florida Statutes)		
The definitions on this form are for inspection purposes o as offering protection from hurricanes.	nly and cannot be used to c	ertify any product or construction feature
Inspectors Initials TN Property Address 230/240/250/	/260 Woods Landing Trail	
*This verification form is valid for up to five (5) years proinaccuracies found on the form.	ovided no material changes	have been made to the structure or

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230/240/250/260 Woods Landing Trail



Side Elevation



8d Ringshank Renail



Rear



Side Elevation



8d Nails within 6"



Clips observed



lding Combo Permit ord Status: Finaled	
Record Info Payments	
k Location	
30 WOODS LANDING TRL *	
ldsmar FL 34677	
ord Details	
ord Details	
	ftener? Virtual inspections are now available for these permit types. <u>Learn more</u> .
al inspections will be available for more p	permit types soon.
	Project Description:
nsed Professional:	
	Building Combination RFCSH
nsed Professional:	
nsed Professional: TEVEN ROBERT MILLER roofer1960@gmail.com ILLER, STEVEN ROBERT TEVES ROOFING SERVICES, INC	Building Combination RFCSH
nsed Professional: TEVEN ROBERT MILLER roofer 1960@gmail.com IILLER, STEVEN ROBERT	Building Combination RFCSH REROOF 37 SQS GAF FL10124.1 WITH RESISTO FL21703 -
nsed Professional: TEVEN ROBERT MILLER roofer 1960@gmail.com IILLER, STEVEN ROBERT	Building Combination RFCSH REROOF 37 SQS GAF FL10124.1 WITH RESISTO FL21703 -
nsed Professional: TEVEN ROBERT MILLER roofer 1960@gmail.com IILLER, STEVEN ROBERT	Building Combination RFCSH REROOF 37 SQS GAF FL10124.1 WITH RES

Roof Permit PER-H-CB17-04374 (5/26/2017) with SWR

