

## Wind Mitigation Inspection Report



## **Property Address:**

380/390/400/410/420/430/440/450/460 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

Inspection Date: 3/07/2024							
Owner Information							
Owner Name: East Lake Woodlands Wo		Contact Person: Beverly					
Address: 380/390/400/410/420/430/440		nding Trail	Home Phone:				
City: Oldsmar	Zip: 3	34677	Work Phone:				
County: Pinellas			Cell Phone:				
Insurance Company:			Policy #:				
Year of Home: 1984 (40 years)	# of Stories: Two		Email: bneubecker@a	ameritechmail.com			
NOTE: Any documentation used in valid accompany this form. At least one photog though 7. The insurer may ask additional	graph must accompa	ny this form to valid	date each attribute marked	in questions 3			
1. <b>Building Code</b> : Was the structure built the HVHZ (Miami-Dade or Broward cou	inties), South Florida	Building Code (SFB)	C-94)?				
A. Built in compliance with the FBC a date after 3/1/2002: Building Perm	it Application Date (M	M/DD/YYYY)					
B. For the HVHZ Only: Built in con provide a permit application with a contract of the second	late after 9/1/1994: Bu	uilding Permit Applic	For homes built in 19 cation Date (MM/DD/YYYY)	94, 1995, and 1996 —————			
C. Unknown or does not meet the re	quirements of Answer	"A" or "B"					
2. <b>Roof Covering:</b> Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each recovering identified.							
Permit	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
✓ 1. Asphalt/Fiberglass Shingle 10/2	2/2013						
2. Concrete/Clay Tile				$\overline{\Box}$			
				$\overline{\Box}$			
				$\overline{\Box}$			
5. Membrane							
6. Other				H			
A. All roof coverings listed above m installation OR have a roofing perm							
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 no	•		· "B".				
D. No roof coverings meet the requi	rements of Answer "A	a" or "B".					
3. <b>Roof Deck Attachment</b> : What is the we	akest form of roof dec	ck 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	Batten decking supporting v stem or truss/rafter spacing t	wood shakes or wood hat has an equivalent					
24"inches o.c.) by 8d common nails other deck fastening system or trust	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 fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 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 wi 24"inches o.c.) by 8d common nails decking with a minimum of 2 nails Any system of screws, nails, adhesi Inspectors Initials TN Property Address	spaced a maximum oper board (or 1 nail pe	of 6" inches in the fier for board if each board ing system or truss/r	eldOR- Dimensional lumb d is equal to or less than 6 in after spacing that is shown t	er/Tongue & Groove iches in width)OR- to have an equivalent			
inspectors initials in Property Address	000/000/700/410/	12017001770170019	100 VVOOUS Landing 11	<u> </u>			

\*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

		18	2 psf.	d Concrete Roof Deck.
		E.	Other:	
				or unidentified.
		G.	No attic a	ccess.
4.		et o	of the inside	<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
			П	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mir	ıim	— al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
	17111			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.
	✓	В.	Clips	
				Metal connectors that do not wrap over the top of the truss/rafter, <b>or</b> 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.
		C.	Single Wi	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	Vraps
				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.
		F.	Structural Other:	
				or unidentified
	Ш	Η.	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	1 1 0
		В.	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 less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
	<b>✓</b>	C.	Other Roo	
6.		А. В.	SWR (als sheathing dwelling to 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.  or undetermined.
Ins	spec	tor	s Initials T	N Property Address 380/390/400/410/420/430/440/450/460 Woods Landing Trail
*T	'hic v	zeri	ification fo	arm is valid for un to five (5) years provided no material 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. <u>Opening Protection</u>: 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.

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	
			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							
	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						

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).
with 24186 integers impute (24 vol 11 in the tweet 40).

- 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

Inspectors Initials TN Property Address 380/390/400/410/420/430/440/450/460

• For Garage Doors Only: ANSI/DASMA 115

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 table above
<u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> 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

Woods Landing Trail

<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.

	systems with no documentation) All Glazed openings are protected with nswer "A", "B", or C" or systems that appear to meet Answer "A" or "B"					
- ` `						
N.1 All Non-Glazed openings classified as Level A, B, C, on N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no Non-Glazed openings exist  D in the table above, and no Non-Glazed openings classified as Level X in the					
N.3 One or More Non-Glazed openings is classified as Lev	vel X in the table above					
X. None or Some Glazed Openings One or more Glaz	red openings classified and Level X in the table above.					
	BE CERTIFIED BY A QUALIFIED INSPECTOR. vides a listing of individuals who may sign this form.					
Qualified Inspector Name: Troy Neal	License Type: License or Certificate #: Home Inspector HI-10032					
Inspection Company:	Phone:					
Neal Inspections LLC	813-545-5363					
Qualified Inspector – I hold an active license as a	- ` ` '					
training 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 S						
Professional architect licensed under Section 481.213, Florida S						
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute	essing the necessary qualifications to properly complete a uniform mitigation es.					
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, Troy Neal am a qualified inspector a	and I personally performed the inspection or (licensed					
(print name)  contractors and professional engineers only) I had my employee () perform the inspection						
and I agree to be responsible for his/her work.	(print name of inspector)					
Qualified Inspector Signature:						
subject to investigation by the Florida Division of Insurance appropriate licensing agency or to criminal prosecution. (S	egligence provides a false or fraudulent mitigation verification form is ce Fraud and may be subject to administrative action by the Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who ct of employees as if the authorized mitigation inspector personally					
<b>Homeowner to complete:</b> I certify that the named Qualifie residence identified on this form and that proof of identification	ed Inspector or his or her employee did perform an inspection of the on was provided to me or my Authorized Representative.					
Signature:	Date:					
	a false or fraudulent mitigation verification form with the intent to which the individual or entity is not entitled commits a misdemeanor					
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	nly and cannot be used to certify any product or construction feature					
Inspectors Initials TN Property Address 380/390/400/4	410/420/430/440/450/460 Woods Landing Trail					
*This verification form is valid for up to five (5) years proving curacies found on the form	vided no material changes have been made to the structure or					

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

Page 4 of 4



380 - 460 Woods Landing Trail 34677



Side Elevation



8d Ringshank Renail



Rear



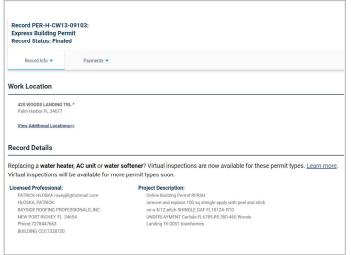
Side Elevation



8d Nails within 6"



Clips observed







SWR confirmed