

Insurance Appraisals | Reserve Studies | Wind Mitigation

COMMERCIAL WINDSTORM MITIGATION INSPECTION REPORT (OIR-B1-1802)

Prepared for:

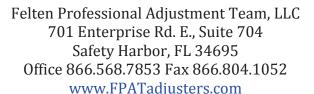
Windrush Bay Condominium Association, Inc.

413-420 Windrush Bay Dr (Building C) Tarpon Springs, FL 34689

As of 10/5/2015









SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES FPAT File #MUD157124 LOCATED AT: 413-420 Windrush Bay Dr (Building C)

RECAPITULATION OF MITIGATION FEATURESFor 413-420 Windrush Bay Dr (Building C)

1. <u>Building Code:</u> Unknown or does not meet the requirements of Answer A or B

Comments: The year of construction was verified as 1976 per Pinellas County

Property Appraiser.

2. <u>Roof Covering:</u> No roof coverings meet the minimum requirements

Comments: The roof covering was replaced in 2001. The roof permit was

confirmed and the permit number is 01-358. This roof was verified as not meeting the building code requirements outlined on the

mitigation affidavit.

3. Roof Deck Attachment: Level A

Comments: Inspection verified 1/2" plywood roof deck attached with 6d nails at

a minimum of 6" on the edge & 12" in the field.

4. Roof to Wall Clips

Attachment:

Comments: Inspection verified hurricane clips fastened with a minimum of three

nails.

5. Roof Geometry: Other Roof

Comments: Inspection verified a gable roof shape.

6. <u>SWR:</u> No

Comments: Inspection verified no secondary water resistance.

7. **Opening Protection:** None or Some Glazed Openings

Comments: Inspection verified no opening protection.



Address Verification



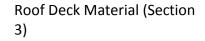
Roof Covering (Section 2)



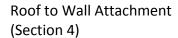
Roof Deck Attachment (Section 3)

SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 413-420 Windrush Bay Dr (Building C)

FPAT File #MUD157124

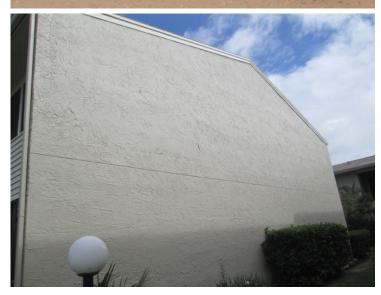








Roof Shape (Section 5)



Uniform Mitigation Verification Inspection Form

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

intermed to by of this form the third documentation provided with the instrumed points						
Inspection Date: 10/5/2015	Inspection Date: 10/5/2015					
Owner Information						
Owner Name: Windrush Bay Condominium Association, Inc. Contact Person: Louis De Santis						
Address: 413-420 Windrush Bay Dr (I	Home Phone:					
City: Tarpon Springs	Zip: 34689	Work Phone: (727) 726-8000				
County: Pinellas		Cell Phone:				
Insurance Company:		Policy #:				
Year of Home: 1976	# of Stories: 2	Email:				

Insurance Company:			Policy #:	
Year of Home: 1976	# of Stories:	2	Email:	
NOTE: Any documentation used in valid accompany this form. At least one photogous though 7. The insurer may ask additional	graph must ac	company this form	to validate each attribute m	arked in questions 3
 Building Code: Was the structure built the HVHZ (Miami-Dade or Broward code) A. Built in compliance with the FBC: Ye 3/1/2002: Building Permit Application B. For the HVHZ Only: Built in compliant provide a permit application with a compliant of the provide and provide and provide a permit application with a compliant of the provide and provides a permit application with a compliant of the provides and provides a permit application with a complex control of the provides and provides and provides and provides and provides and provides a permit application with a complex control of the provides and provides and	unties), South F ar Built . For on Date (MM/DD/ nce with the SF date after 9/1/19	Florida Building Cod homes built in 2002/ YYYY) FBC-94: Year Built _ 994: Building Permit	e (SFBC-94)? 2003 provide a permit applica For homes built in 1	994, 1995, and 1996
2. Roof Covering: Select all roof covering OR Year of Original Installation/Replace covering identified.	* *		-	mpliance for each roof
2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
[X] 1. Asphalt/Fiberglass Shingle [] 2. Concrete/Clay Tile [] 3. Metal [] 4. Built Up [] 5. Membrane [] 6. Other	3/1/2001			0 0 0 0 0
 [] A. All roof coverings listed above meet of OR have a roofing permit applicati [] B. All roof coverings have a Miami-Dad permit application after 9/1/1994 at [] [] C. One or more roof coverings do not meet [X] [] D. No roof coverings meet the requirement of the properties of the pr	on date on or a le Product Appr nd before 3/1/2 eet the requiren ments of Answe	fter 3/1/02 OR the roroval listing current a 002 OR the roof is onents of Answer "A" er "A" or "B".	of is original and built in 200 at time of installation OR (for riginal and built in 1997 or la or "B".	4 or later. the HVHZ only) a roofing
3. Roof Deck Attachment: What is the wee [X] A. Plywood/Oriented strand board (OS staples or 6d nails spaced at 6" along OR- Any system of screws nails	(BB) roof sheath the edge and 12	ing attached to the ro 2" in the fieldOR- I	oof truss/rafter (spaced a maxi Batten decking supporting woo	od 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

	19											
Inspectors Initials	0'	Property	Address	413-420	Windrush Bay	y Dr	(Building	(C),	Tarr	oon S	pring	zs

^{*}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.

182 psf.	
[] D. Reinforced Conc	erata Roof Dack
[] E. Other:	ICIC ROOI DCCK.
[] F. Unknown or unid	lentified
G. No attic access.	chined.
4. Roof to Wall Attac	chment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within or outside corner of the roof in determination of WEAKEST type)
[] A. Toe Nails	or outside corner of the roof in determination of WEAKEST type)
[] Trı	ass/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the late of the wall, or
1 1	etal connectors that do not meet the minimal conditions or requirements of B, C, or D
Minimal condition	s to qualify for categories B, C, or D. All visible metal connectors are:
	ecured to truss/rafter with a minimum of three (3) nails, and
	ttached 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.
[X] B. Clips	
[] Me	Metal connectors that do not wrap over the top of the truss/rafter, or etal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the naiton requirements of C or D, but is secured with a minimum of 3 nails.
[] C. Single Wraps	
N	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
[] D. Double Wraps	
beam minir [] Me	etal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a mum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or etal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on
	sides, and is secured to the top plate with a minimum of three nails on each side.
	r bolts structurally connected or reinforced concrete roof.
F. Other:G. Unknown or union	dantified
[] H. No attic access	dentified
[] II. Ivo utile decess	
	That is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall 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: ; Total roof system perimeter:
[] 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
[X] C. Other Roof	Any roof that does not qualify as either (A) or (B) above.
	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
sheathing or fo	d Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the pam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling rusion in the event of roof covering loss.
[X] B. No SWR.	
[] C. Unknown or und	etermined.

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

Inspectors Initials Property Address 413-420 Windrush Bay Dr (Building C), Tarpon Springs

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.

•	ening Protection Level Chart an "X" in each row to identify all forms of protection in use for each		Non-Glazed Openings			
openi form	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					
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					
IN	Other protective coverings that cannot be identified as A, B, or C					
Х	No Windborne Debris Protection					

- [] 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 <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

[]	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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[] N. Exterior Opening Protection (unverified shutter syst							
protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).							
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 D in the table above, and no Non-Glazed openings classified as Level X in the table above							
☐ N.3 One or More Non-Glazed openings is classified as Level	X in the table above						
[X] X. None or Some Glazed Openings One or more Glazed of	openings classified and Le	vel X in th	ne table above.				
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi							
Qualified Inspector Name: John Felten	License Type: CBC	<u> </u>	License or Certificate #: CBC1255984				
Inspection Company: Felten Professional Adjustment Te	eam, LLC.	Phone:	866-568-7853				
Qualified Inspector – I hold an active license as a:	(check one)	1					
☐ Home inspector licensed under Section 468.8314, Florida Statutes training approved by the Construction Industry Licensing Board at			er of hours of hurricane mitigation				
 □ Building code inspector certified under Section 468.607, Florida S □ General, building or residential contractor licensed under Section 							
□ Professional engineer licensed under Section 471.015, Florida Sta							
□ Professional architect licensed under Section 481.213, Florida Sta							
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statutes	sing the necessary qualificati	ons to prop	erly complete a uniform mitigation				
Individuals other than licensed contractors licensed under S		Statutes o	r professional engineer licensed				
under Section 471.015, Florida Statues, must inspect the stru							
Licensees under s.471.015 or s.489.111 may authorize a dire	ct employee who possess	es the req	uisite skill, knowledge, and				
experience to conduct a mitigation verification inspection.							
I, <u>John Felten</u> am a qualified inspector and I							
contractors and professional engineers only) I had my employ and I agree to be responsible for his/her work.	yee (<u>ian wright</u>) periori	n me msp	ection				
J. J.							
Qualified Inspector Signature:Date	e: <u>10/5/2015</u>						
An individual or entity who knowingly or through gross neg							
is subject to investigation by the Florida Division of Insuran							
appropriate licensing agency or to criminal prosecution. (Se certifies this form shall be directly liable for the misconduct							
performed the inspection.	or omprojeos us ir one us						
Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.							
Signature: Date:							
An individual or entity who knowingly provides or utters a sobtain or receive a discount on an insurance premium to who of the first degree. (Section 627.711(7), Florida Statutes)							
The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.							
	e used to certify any product of		n teature as offering protection from				
	used to certify any product of		n teature as ottering protection from				

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