

Insurance Appraisals | Reserve Studies | Wind Mitigation

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

Prepared for:

Windrush Bay Condominium Association, Inc.

17 Windrush Bay Dr Tarpon Springs, FL 34689

As of 10/5/2015





Felten Professional Adjustment Team, LLC 701 Enterprise Rd. E., Suite 704 Safety Harbor, FL 34695 Office 866.568.7853 Fax 866.804.1052 www.FPATadjusters.com



SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES FPAT File #MUD157124 LOCATED AT: 17 Windrush Bay Dr

RECAPITULATION OF MITIGATION FEATURESFor 17 Windrush Bay Dr

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 1984 per Pinellas County

Property Appraiser.

2. Roof Covering: FBC Equivalent

Comments: The roof covering was replaced in 2003. The roof permit was

confirmed and the permit number is 03-114. This roof was verified as 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 staples at a

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

4. Roof to Wall Clips

Attachment:

Comments: Inspection verified embedded straps 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

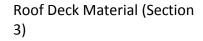


Roof Covering (Section 2)



Roof Deck Attachment (Section 3)

SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 17 Windrush Bay Dr





Roof to Wall Attachment (Section 4)



Roof Shape (Section 5)



Uniform Mitigation Verification Inspection Form

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

	ividintain a copy of this form and any documentation provided with the instrance poncy						
Inspection Date: 10/5/2015							
Owner Information							
Owner Name: Windrush Bay Condominium Association, Inc. Contact Person: Louis De Santis							
Address: 17 Windrush Bay Dr		Home Phone:					
City: Tarpon Springs	Zip: 34689	Work Phone: (727) 726-8000					
County: Pinellas		Cell Phone:					
Insurance Company: Policy #:							
Year of Home: 1984 # of Stories: 1 Email:							

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must

accompany this form. At least one phone though 7. The insurer may ask add				-
 Building Code: Was the structure the HVHZ (Miami-Dade or Browa A. Built in compliance with the FB 3/1/2002: Building Permit Ap B. For the HVHZ Only: Built in co 	ard counties), South F C: Year Built . For plication Date (MM/DD/	Florida Building Coo homes built in 2002	de (SFBC-94)? /2003 provide a permit applica	ation with a date after
provide a permit application w [X] C. Unknown or does not meet the	vith a date after 9/1/1	994: Building Permi		
 Roof Covering: Select all roof co OR Year of Original Installation/R 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	1/21/2003			[]
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]

- [X] 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".

[] 5. Membrane

[] 6. Other

- **3. Roof Deck Attachment**: What is the **weakes**t form of roof deck attachment?
- [X] 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 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

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Inspectors Initials	0'	Property	y Address	17	Windrush Ba	y Dr.	Tar	pon S	prin	gs

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	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 182 psf.
	D. Reinforced Concrete Roof Deck.
	E. Other:
	F. Unknown or unidentified. G. No attic access.
	Roof to Wall Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within
	5 feet of the inside or outside corner of the roof in determination of WEAKEST type) A. Toe Nails
LJ	[] 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
	Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:
	[X]Secured to truss/rafter with a minimum of three (3) nails, and
	[X]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.
[X	B. Clips
-	[X] Metal connectors that do not wrap over the top of the truss/rafter, or [] 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 Wraps
	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a
П	minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side. D. Double Wraps
	[] 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.
	E. Structural Anchor bolts structurally connected or reinforced concrete roof.
	F. Other: G. Unknown or unidentified
	H. No attic access
5.	Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure 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.
	Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
	B. No SWR.
	C. Unknown or undetermined.

Inspectors Initials Property Address 17 Windrush Bay Dr., Tarpon Springs

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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						
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

- [] <u>B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)</u> 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 systematics) protective coverings not meeting the requirements of								
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 table above 	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							
\square 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 Lev	el X in tl	ne table above.					
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.								
Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.								
Qualified Inspector Name: John Felten	License Type: CBC		License or Certificate #: CBC1255984					
Inspection Company: Felten Professional Adjustment Te	am, LLC.	Phone:	866-568-7853					
Qualified Inspector – I hold an active license as a:	(check one)							
☐ 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 4								
Professional engineer licensed under Section 471.015, Florida Stat								
Professional architect licensed under Section 481.213, Florida Stat								
Any other individual or entity recognized by the insurer as possess verification form pursuant to Section 627.711(2), Florida Statutes.		ns to prop	erly complete a uniform mitigation					
Individuals other than licensed contractors licensed under Se								
under Section 471.015, Florida Statues, must inspect the stru Licensees under s.471.015 or s.489.111 may authorize a direct								
experience to conduct a mitigation verification inspection.	et employee who possesses	s the req	uisite skiii, kilowieuge, anu					
I, John Felten am a qualified inspector and I	norconally norformed the	inchooti	ion or (licensed					
contractors and professional engineers only) I had my employ								
and I agree to be responsible for his/her work.	, ••• (<u></u> , -	F						
R. A.								
Qualified Inspector Signature:Date	: <u>10/5/2015</u>							
An individual or entity who knowingly or through gross negis subject to investigation by the Florida Division of Insurance								
appropriate licensing agency or to criminal prosecution. (Sec								
certifies this form shall be directly liable for the misconduct	of employees as if the aut	horized	mitigation inspector personally					
performed the inspection.								
<u>Homeowner to complete</u> : 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 false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor 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.								
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