Felten Professional Adjustment



Reserve Studies | Insurance Appraisals | Wind Mitigation

COMMERCIAL WINDSTORM MITIGATION REPORT (OIR-B1-1802)

Windrush Bay Condominium Association, Inc. 637-644 Windrush Bay Dr, Building M Tarpon Springs, FL 34689



As of 2/13/2020 FPAT File# MUD2013974

FELTEN PROFESSIONAL ADJUSTMENT TEAM 866.568.7853
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RECAPITULATION OF MITIGATION FEATURES For 637-644 Windrush Bay Dr, Building M

1. Building Code: 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. Roof Covering: FBC Equivalent

Comments: The roof covering was replaced in 2019. The roof permit was

confirmed and the permit number is 19-2460. This roof was verified

as meeting the building code requirements outlined on the

mitigation affidavit.

3. Roof Deck Attachment: Level C

Comments: Inspection verified 1/2" plywood roof deck attached with 8d nails at

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

4. Roof to Wall Toe Nails

Attachment:

Comments: Inspection verified hurricane clips fastened with less than three

nails.

5. Roof Geometry: Other Roof

Comments: Inspection verified a gable roof shape.

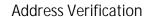
6. <u>SWR:</u> Yes

Comments: SWR was verified at time of inspection. The Secondary Water

Resistance verified is a self-adhering peel and stick.

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

Comments: Inspection verified no opening protection.









Roof Construction



SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 637-644 Windrush Bay Dr, Building M

FPAT File #MUD2013974

Roof Construction



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SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 637-644 Windrush Bay Dr, Building M

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Roof Construction

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 2/13/2020								
Owner Information								
Owner Name: Windrush Bay Condominiu	Contact Person: Chris Stancil							
Address: 637-644 Windrush Bay Dr, Build	ling M	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:						

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.

1.	Building Code : Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in
	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 (MM/DD/YYYY)
[]	B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996
	provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)//
ſΧ	C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **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 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
[X] 1. Asphalt/Fiberglass Shingle	9/20/2019			
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]
[] 5. Membrane				[]
[] 6. Other				[]

- [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".
- 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 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.
- [X] 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

Inspectors Initials Property Address 637-644 Windrush Bay Dr, Building M, Tarpon Springs

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	182 psf.					
[]	D. Reinforced Conc	rete Roof Deck.				
	E. Other:					
	F. Unknown or unid	entified.				
Ц	G. No attic access.					
	5 feet of the inside of	hment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within routside corner of the roof in determination of WEAKEST type)				
ĮΧ	A. Toe Nails					
	top pl	ss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the ate of the wall, or letal connectors that do not meet the minimal conditions or requirements of B, C, or D				
		·				
	[]Sect []Atta	to qualify for categories B, C, or D. All visible metal connectors are: ared to truss/rafter with a minimum of three (3) nails, and ched 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. Clips					
	[] Me position	tal connectors that do not wrap over the top of the truss/rafter, or tal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail on requirements of C or D, but is secured with a minimum of 3 nails.				
IJ		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 Wraps					
	beam, minin [] Me both s	tal 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 num of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or tal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on ides, and is secured to the top plate with a minimum of three nails on each side. To bolts structurally connected or reinforced concrete roof.				
	F. Other:	·				
	G. Unknown or unid	lentified				
	H. No attic access					
5.		hat is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of er 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.				
[X	 A. SWR (also calle sheathing or fo from water intr B. No SWR. 	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) ed Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the am adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling rusion in the event of roof covering loss.				
П	C. Unknown or unde	ctermined.				

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

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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.

	ening Protection Level Chart		Non-Glazed Openings				
openi form	an "X" in each row to identify all forms of protection in use for each 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						
IV	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

☐ 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
- 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
Ex	terior 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

- [] **B.**] "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 and 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).

L	┚	C.:	lΑ	11 1	Noi	ı-C	ilaz	ed (open	ings	clas	sifie	d as	Α,	В,	or (C:	in t	he	tabl	e a	bove,	or n	o N	on-(Glazed	openi	ings	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

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[☐] 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 system) protective coverings not meeting the requirements of	Answer "A", "B", or C" of										
"B" with no documentation of compliance (Level N i	·										
☐ N.3 One or More Non-Glazed openings is classified as Leve	l X in the table above										
[X] X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the 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	eam, LLC.	Phone: 866-568-7853									
Qualified Inspector – I hold an active license as a:	(check one)										
☐ Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board at											
 □ 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 Sta	itutes.										
Professional architect licensed under Section 481.213, Florida Sta	itutes.										
Any other individual or entity recognized by the insurer as possess verification form pursuant to Section 627.711(2), Florida Statutes		ns to properly complete a uniform mitigation									
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, am a qualified inspector and I personally performed the inspection or (licensed contractors and professional engineers only) I had my employee (James Sheets) perform the inspection and I agree to be responsible for his/her work.											
K H											
Qualified Inspector Signature: Date	e: <u>2/13/2020</u>										
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.											
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification											
Signature:	Pate:										
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to wl of the first degree. (Section 627.711(7), Florida Statutes)											
The definitions on this form are for inspection purposes only and cannot b hurricanes.	e used to certify any product or o	construction feature as offering protection from									

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