

Insurance Appraisals | Reserve Studies | Wind Mitigation

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

Prepared for:

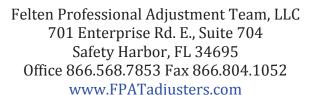
Windrush Bay Condominium Association, Inc.

401-404 Windrush Bay Dr (Building A) Tarpon Springs, FL 34689

As of 10/5/2015









SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES FPAT File #MUD157124 LOCATED AT: 401-404 Windrush Bay Dr (Building A)

RECAPITULATION OF MITIGATION FEATURESFor 401-404 Windrush Bay Dr (Building A)

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 01-356. 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

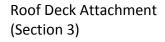


Roof Covering (Section 2)



Roof Deck Material (Section 3)

SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 401-404 Windrush Bay Dr (Building A)





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

Inspection Date: 10/5/2015							
Owner Information							
Owner Name: Windrush Bay Condominium Association, Inc. Contact Person: Louis De Santis							
Address: 401-404 Windrush Bay Dr (B	uilding A)	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 though 7. The insurer may ask add				
 Building Code: Was the structur the HVHZ (Miami-Dade or Brow [] A. Built in compliance with the FI 3/1/2002: Building Permit Ap [] B. For the HVHZ Only: Built in comprovide a permit application [X] C. Unknown or does not meet the 	rard counties), South FBC: Year Built. For opplication Date (MM/DD/ompliance with the SF with a date after 9/1/1	Florida Building Cod homes built in 2002/ YYYY) FBC-94: Year Built _ 994: Building Permi	le (SFBC-94)? /2003 provide a permit applica	ntion with a date after 994, 1995, and 1996
2. Roof Covering: Select all roof coordinate of OR Year of Original Installation/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	e meet the FBC with a	FBC or Miami-Dad	le Product Approval listing cur	rrent 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".
- [X] D. No roof coverings meet the requirements of Answer "A" or "B".
- **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

	19											
Inspectors Initials	0'	Property	Address	<u>401-404</u>	Windrush I	Bay Dr	(Building	ξ A),	Tarr	<u>oon S</u> 1	pring	<u>rs</u>

^{*}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 Deck.
[] F. Unknown or unid	lentified
G. No attic access.	chilled.
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 401-404 Windrush Bay Dr (Building A), 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			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						
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 <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

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

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

Inspectors Initials Property Address 401-404 Windrush Bay Dr (Building A), Tarpon Springs

the table above

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	ng the requirements of	f Answer "A", "B", or C" of	tion) All or systems	Glazed openings are protected with s 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.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 oper	nings is classified as Leve	el X in the table above						
[X] X. None or Some Glazed Opening	-		vel X in t	he table above.				
		BE CERTIFIED BY A QUA						
Qualified Inspector Name: John Fel		ides a listing of individuals License Type: CBC	s wno ma	License or Certificate #: CBC1255984				
Inspection Company: Felten Profess			Phone	866-568-7853				
			1 none.	. 000 300 7033				
Qualified Inspector – I hold an a ☐ Home inspector licensed under Section training approved by the Construction In	468.8314, Florida Statute	s who has completed the statu		er of hours of hurricane mitigation				
☐ Building code inspector certified under	Section 468.607, Florida	Statutes.	· J					
General, building or residential contract								
Professional engineer licensed under Se								
Professional architect licensed under Se								
Any other individual or entity recognize verification form pursuant to Section 62		• • •	ons to prop	perty complete a uniform mitigation				
Individuals other than licensed contra								
under Section 471.015, Florida Statues								
<u>Licensees under s.471.015 or s.489.111</u> experience to conduct a mitigation ver		ect employee who possesse	es the req	uisite skill, knowledge, and				
	-	[:				
I, <u>John Felten</u> am a qua contractors and professional engineers		I personally performed th						
and I agree to be responsible for his/ho		yee (<u>ran wright</u>) periori	ir the msp	ection .				
lo lo	A							
fl.	A.							
Qualified Inspector Signature:	Dat	e: <u>10/5/2015</u>						
An individual or entity who knowingly	y or through gross ne	gligence provides a false o	or fraudu	lent mitigation verification form				
is subject to investigation by the Florid	da Division of Insura	nce Fraud and may be sub	oject to a	dministrative action by the				
appropriate licensing agency or to criticertifies this form shall be directly liab								
performed the inspection.	ne for the misconduc	t of employees as if the au	tnorizea	mitigation inspector personally				
<u></u>								
Homeowner to complete: I certify the residence identified on this form and that								
Signature:	I	Date:						
An individual or entity who knowingly obtain or receive a discount on an inst of the first degree. (Section 627.711(7)	urance premium to w							
The definitions on this form are for inspection phurricanes.	ourposes only and cannot b	e used to certify any product or	construction	on feature as offering protection from				
Inspectors Initials Property Add	dress <u>401-404 Windru</u>	sh Bay Dr (Building A), Ta	arpon Spri	ings				

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