

Insurance Appraisals | Reserve Studies | Wind Mitigation

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

Prepared for:

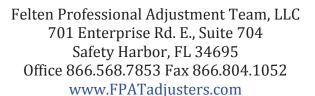
#### Windrush Bay Condominium Association, Inc.

38 Windrush Bay Dr Tarpon Springs, FL 34689

As of 10/5/2015









SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES FPAT File #MUD157124 LOCATED AT: 38 Windrush Bay Dr

## RECAPITULATION OF MITIGATION FEATURES For 38 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 03-135. 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  $6\mbox{"}$  on the edge  $\&~12\mbox{"}$  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

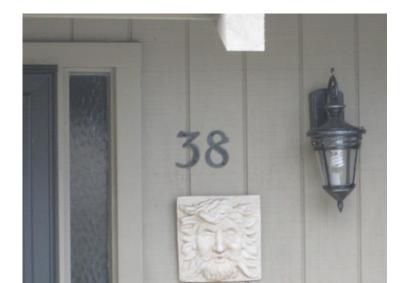
Comments: Inspection verified a gable roof shape.

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** 

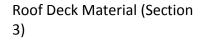


Roof Covering (Section 2)



Roof Deck Attachment (Section 3)

### SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 38 Windrush Bay Dr





Roof to Wall Attachment (Section 4)



Roof Shape (Section 5)



### SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 38 Windrush Bay Dr

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: 38 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 v accompany this form. At least one ph though 7. The insurer may ask additional transfer of the control of th	otograph must ac	company this form	to validate each attribute m	narked in questions 3
<ol> <li>Building Code: Was the structure be the HVHZ (Miami-Dade or Broward A. Built in compliance with the FBC: 3/1/2002: Building Permit Appli</li> <li>B. For the HVHZ Only: Built in comparovide a permit application with [X] C. Unknown or does not meet the red</li> </ol>	Year Built . For a cation Date (MM/DD/pliance with the SF h a date after 9/1/19	Florida Building Coo homes built in 2002 YYYY) FBC-94: Year Built 1994: Building Perm	de (SFBC-94)? /2003 provide a permit application. For homes built in 1	ation with a date after 994, 1995, and 1996
2. <b>Roof Covering:</b> Select all roof cover OR Year of Original Installation/Rep covering identified.				ompliance 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
<ul> <li>[X] 1. Asphalt/Fiberglass Shingle</li> <li>[] 2. Concrete/Clay Tile</li> <li>[] 3. Metal</li> <li>[] 4. Built Up</li> <li>[] 5. Membrane</li> <li>[] 6. Other</li> </ul>	3/25/2003			0 0 0 0 0
<ul> <li>[X] A. All roof coverings listed above installation OR have a roofing j</li> <li>[] B. All roof coverings have a Miamipermit application after 9/1/199</li> <li>[] C. One or more roof coverings do no</li> <li>[] D. No roof coverings meet the require</li> </ul>	Dade Product Appr Dade Product Appr 04 and before 3/1/2 t meet the requirem rements of Answer	date on or after 3/1/ roval listing current 002 OR the roof is onents of Answer "A "A" or "B".	02 OR the roof is original and at time of installation OR (for original and built in 1997 or la " or "B".	built in 2004 or later. the HVHZ only) a roofing
<ul> <li>3. Roof Deck Attachment: What is the [X] A. Plywood/Oriented strand board staples or 6d nails spaced at 6" al -OR- Any system of screws, na uplift less than that required for [] B. Plywood/OSB roof sheathing with 24" inches o.c.) by 8d common reported deck fastoning system or the deck fastoning system or the common results.</li> </ul>	(OSB) roof sheath ong the edge and 12 ils, adhesives, othe Options B or C bel ith a minimum thio ails spaced a maxi	ing attached to the r 2" in the fieldOR- er deck fastening sy ow. ckness of 7/16"inch mum of 12" inches	oof truss/rafter (spaced a maxi Batten decking supporting wo stem or truss/rafter spacing that attached to the roof truss/raftin the fieldOR- Any system	od shakes or wood shingles hat has an equivalent mear fter (spaced a maximum of 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

Inspectors Initials Property Address 38 Windrush Bay Dr., Tarpon Springs

<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.

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	<b>chment:</b> 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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.
[X] B. Clips	
[] Me	Metal connectors that do not wrap over the top of the truss/rafter, <b>or</b> 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.
<ul><li>F. Other:</li><li>G. Unknown or union</li></ul>	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

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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

- [] 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 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).
   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 No	on-Glazed openings classified as Level N or X	iı
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						
"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] $\underline{\mathbf{X.\ None\ or\ Some\ Glazed\ Openings}}$ One or more Glazed of	ppenings 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						
*		DI				
Inspection Company: Felten Professional Adjustment Te	am, LLC.	Phone:	866-568-7853			
<u>Qualified Inspector – I hold an active license as a:</u>	(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						
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 S						
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> , <b>-</b>	<b>F</b>				
R A						
Qualified Inspector Signature:Date	: <u>10/5/2015</u>					
An individual or entity who knowingly or through gross neg is 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 1	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:D	ate:		_			
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.						
u-						
Inspectors Initials Property Address 38 Windrush Bay	Dr, Tarpon Springs					

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