## Felten Professional Adjustment



Reserve Studies | Insurance Appraisals | Wind Mitigation

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

Inverness Condominium II Association, Inc.
Building 2, 2581 Countryside Blvd, Units 2101-2212, 2301-2313
Clearwater, FL 33761



As of 4/8/2020 FPAT File# MUD2014392

FELTEN PROFESSIONAL ADJUSTMENT TEAM
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www.FPATadjusters.com | info@FPATadjusters.com



## RECAPITULATION OF MITIGATION FEATURES For Building 2, 2581 Countryside Blvd, Units 2101-2212, 2301-2313

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 1981 per Pinellas County

Property Appraiser.

2. Roof Covering: 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 BCP2001-03680. 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 embedded straps fastened with less than three

nails.

5. Roof Geometry: Other Roof

Comments: Inspection verified a gable roof shape.

6. SWR: No

Comments: Inspection verified no secondary water resistance.

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

Comments: Inspection verified no opening protection.









**Roof Construction** 











**Roof Construction** 



## **Uniform Mitigation Verification Inspection Form**

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

Inspection Date: 4/8/2020								
Owner Information								
Owner Name: Inverness Condominium II Association, Inc.  Contact Person: Ian Slement								
Address: Building 2, 2581 Countryside Bl	Home Phone:							
City: Clearwater	Zip: 33761	Work Phone: (727) 771-7752						
County: Pinellas		Cell Phone:						
Insurance Company:	Policy #:							
Year of Home: 1981	# of Stories: 3	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)//
[X] 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	3/22/2001			[]
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]
[] 5. Membrane				[]
[] 6. Other				[]

- [] 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".
- [X] 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

	A						
<b>Inspectors Initials</b>	0'	<b>Property Address</b>	Building 2, 2581	Countryside Blvd,	Units 2101-2212.	2301-2313,	Clearwater

<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.

[] D. Reinforced Concret	te Roof Deck
[] E. Other:	ic Roof Beek.
[] F. Unknown or uniden	tified.
[] G. No attic access.	
	<b>nent:</b> What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within outside corner of the roof in determination of WEAKEST type)
[] Truss top plate	/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the e of the wall, or
[X] Met	al connectors that do not meet the minimal conditions or requirements of B, C, or D
	o qualify for categories B, C, or D. All visible metal connectors are:
[]Attach	ed to truss/rafter with a minimum of three (3) nails, <b>and</b> need 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.
[] B. Clips	
[] Metal	connectors that do not wrap over the top of the truss/rafter, <b>or</b> l connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail requirements of C or D, but is secured with a minimum of 3 nails.
[] C. Single Wraps	
	tal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a nimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
[] D. Double Wraps	
beam, o minimu	Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond n either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a m of 2 nails on the front side, and a minimum of 1 nail on the opposing side, <b>or</b>
both sid	connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on es, and is secured to the top plate with a minimum of three nails on each side.  olts structurally connected or reinforced concrete roof.
[] F. Other: [] G. Unknown or unider	atified
[] H. No attic access	iunea
	at is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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.
[] A. SWR (also called S sheathing or foar	sistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) ealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the nadhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling sion in the event of roof covering loss.
<ul><li>[X] B. No SWR.</li><li>[] C. Unknown or undeterm</li></ul>	ermined.

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 Building 2, 2581 Countryside Blvd, Units 2101-2212, 2301-2313, Clearwater

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		Glazed O	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						
	Opening Protection products that appear to be A or B but are not verified						
N	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
   □ 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.)
  - $\ \square$  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
- [] <u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> 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	. A	11	Non-	Glazec	l openings c	lassified	l as A	, В	, or	C in t	the tabl	e abov	e, or no	Non-	Glazed	lopening	gs exi	ist
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- ☐ 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" o										
"B" with no documentation of compliance (Level N in the table above).											
☐ N.2 One or More Non-Glazed openings classified as Level □	<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist</li> <li>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</li> </ul>										
	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		vel X in the table above.									
MITIGATION INSPECTIONS MUST B Section 627.711(2), Florida Statutes, provi											
Qualified Inspector Name: John Felten	License Type: CBC	License or Certificate #: CBC1255984									
Inspection Company: Felten Professional Adjustment Te		Phone: 866-568-7853									
Inspection Company, Telen Floressional Augustinent Te		1 Holle. 666 566 7655									
<u>Qualified Inspector – I hold an active license as a:</u>											
☐ Home inspector licensed under Section 468.8314, Florida Statutes training approved by the Construction Industry Licensing Board a	nd completion of a proficiency										
<ul> <li>□ Building code inspector certified under Section 468.607, Florida S</li> <li>□ General, building or residential contractor licensed under Section</li> </ul>											
☐ Professional engineer licensed under Section 471.015, Florida Sta	tutes.										
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	tutes.										
Any other individual or entity recognized by the insurer as posses 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 dire experience to conduct a mitigation verification inspection.  I, 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.	personally performed the	e inspection or (licensed									
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	ce Fraud and may be subction 627.711(4)-(7), Flori	ject to administrative action by the ida Statutes) The Qualified Inspector who									
performed the inspection.											
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	was provided to me or my	Authorized Representative.									
Signature: D	ate:										
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 hurricanes.	e used to certify any product or	construction feature as offering protection from									

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