Felten Professional Adjustment



Reserve Studies | Insurance Appraisals | Wind Mitigation

COMMERCIAL WINDSTORM MITIGATION REPORT (OIR-B1-1802)

Countryside Key Homeowners Association, Inc. 376-390 Countryside Key Blvd Oldsmar , FL 34677



As of 4/29/2019 FPAT File# MIT1811218

FELTEN PROFESSIONAL ADJUSTMENT TEAM 866.568.7853
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SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES FPAT File #MIT1811218 LOCATED AT: 376-390 Countryside Key Blvd

RECAPITULATION OF MITIGATION FEATURES For 376-390 Countryside Key Blvd

1. Building Code: Unknown or does not meet the requirements of Answer A or B

Comments: The year of construction was verified as 1997 per Pinellas County

Property Appraiser.

2. Roof Covering: FBC Equivalent

Comments: The roof covering was replaced in 2013. The roof permit was

confirmed and the permit numbers are 20120662-20120669. This roof was verified as meeting the building code requirements outlined

on the mitigation affidavit.

3. Roof Deck Attachment: No Attic Access

Comments: Due to no attic access we were unable to determine the Roof Deck

Attachment.

4. Roof to Wall No Attic Access

<u>Attachment:</u>

Comments: Due to no attic access we were unable to determine the Roof to Wall

Attachment.

5. Roof Geometry: Other Roof

Comments: Inspection verified a gable roof shape.

6. SWR: Unknown or Undetermined

Comments: Due to no attic access we were unable to verify SWR.

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

Comments: No opening protection verified at the time of inspection.



Address Verification



Exterior Elevation



Roof Construction

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 4/29/2019					
Owner Information					
Owner Name: Countryside Key Homeown	Contact Person: Robert Kelly				
Address: 376-390 Countryside Key Blvd		Home Phone:			
City: Oldsmar	Zip: 34677	Work Phone: (727) 726-8000 x232			
County: Pinellas		Cell Phone:			
Insurance Company:		Policy #:			
Year of Home: 1997	# of Stories: 2	Email: rkelly@ameritechmail.com			

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	1/25/2013			
[] 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.
- [] 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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	or greater re 182 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
		oncrete Roof Deck.
	. Other:	- 1
	. Unknown or u	
$[\Lambda]$	G. No attic acc	ess.
5		tachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks within de or outside corner of the roof in determination of WEAKEST type)
		Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the plate of the wall, or
	[] .	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
<u>N</u>	<u> Minimal conditi</u>	ons to qualify for categories B, C, or D. All visible metal connectors are:
		Secured to truss/rafter with a minimum of three (3) nails, and
		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.
[] B	. Clips	Maril
		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 sition 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 minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
[] D	Double Wrap	
	be mi [] :	Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond am, on either side of the truss/rafter where each strap 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, or Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on
		th sides, and is secured to the top plate with a minimum of three nails on each side. Therefore bolts structurally connected or reinforced concrete roof.
	. Other:	mor bons structurary connected or remitorced concrete roof.
	i. Unknown or i	ınidentified
	H. No attic acc	
	-	What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of 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.
[] A	sheathing o from water	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) lled Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the r foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling intrusion in the event of roof covering loss.
	 No SWR. C. Unknown or 	undetermined.
[4.1]	C. Chimown of	

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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				Non-Glazed Openings	
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.			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	X 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

☐ B.1 All Non-Glazed openings classified as A or B 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

		More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, 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 of are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection device product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the follow "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.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

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

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

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in the table above

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[] <u>N.</u>	N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with 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.3 One or More Non-Glazed openings is classified as Leve	l X in the table above					
[X] <u>X</u>	. None or Some Glazed Openings One or more Glazed	openings classified and Lev	vel 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.						
Qual	ified Inspector Name: John Felten	License Type: CBC	License or Certificate #: CBC1255984				
Inspe	ection Company: Felten Professional Adjustment Te	eam, LLC.	Phone: 866-568-7853				
Quali	<u>ified Inspector – I hold an active license as a:</u>	(check one)					
tra	ome inspector licensed under Section 468.8314, Florida Statute ining approved by the Construction Industry Licensing Board a	and completion of a proficiency					
⊠ Ge	uilding code inspector certified under Section 468.607, Florida eneral, building or residential contractor licensed under Section	489.111, Florida Statutes.					
_	ofessional engineer licensed under Section 471.015, Florida Sta						
	ofessional architect licensed under Section 481.213, Florida Sta						
	ny other individual or entity recognized by the insurer as posses rification form pursuant to Section 627.711(2), Florida Statutes		ons 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, John Felten am a qualified inspector and I personally performed the inspection or (licensed contractors and professional engineers only) I had my employee (Ian Wright) perform the inspection and I agree to be responsible for his/her work.							
	k At						
Qualif	ied Inspector Signature: Date	e: <u>4/29/2019</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.							
<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.							
Signa	ature: D	Pate:					
obtai	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 defi	initions on this form are for inspection purposes only and cannot b nes.	e used to certify any product or o	construction feature as offering protection from				

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