

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION



Prepared Exclusively for East Lake Woodlands Condominium Unit Seven Association, Inc.

As of 3/1/2023 | FPAT File# MUD2317359



RECAPITULATION OF MITIGATION FEATURES For 117-132 Camille Ct, Bldg 5, 16-Unit Risk

1. Building Code: 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: FBC Equivalent

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

confirmed and the permit number is CW13-05202. The flat roof covering was replaced in 2017. The roof permit was confirmed and the permit number is CW17-02151. 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 Clips

Attachment:

Comments: Inspection verified embedded straps fastened with a minimum of three

nails.

5. Roof Geometry: Other Roof

Comments: Inspection verified a combination of pitched and flat roof shapes.

6. SWR: 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.

Address Verification



Exterior Elevation







Exterior Elevation



Exterior Elevation

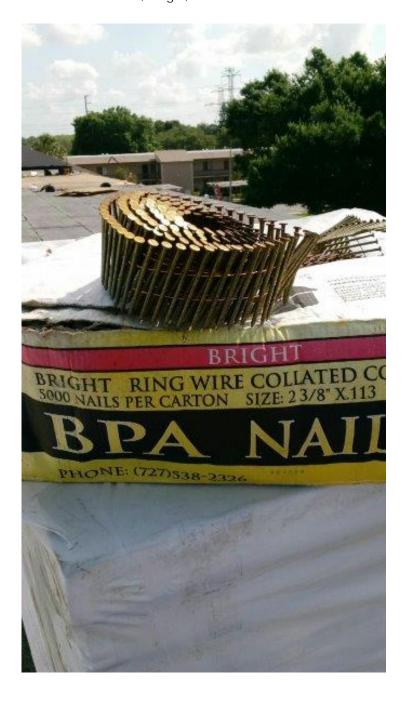




SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 117-132 Camille Ct, Bldg 5, 16-Unit Risk

FPAT File #MUD2317359











Roof Construction



Uniform Mitigation Verification Inspection Form

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

1	1 7			
ominium Unit Seven Association, Inc.	Contact Person: Lorenzo Berry			
Address: 117-132 Camille Ct, Bldg 5, 16-Unit Risk				
Zip: 34677	Work Phone: (727) 726-8000 x234			
County: Pinellas				
Insurance Company:				
# of Stories: 2	Email: lberry@ameritechmail.com			
	nit Risk Zip: 34677			

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	(1 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	6/10/2013			
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[X] 4. Built Up	2/28/2017			[]
[] 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

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182 psf.	
[] D. Reinforced Concr	ete Roof Deck.
[] E. Other:	
[] F. Unknown or unide	entified.
[] G. No attic access.	
	ment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within routside corner of the roof in determination of WEAKEST type)
[] Trus top pla	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
[] Met	al connectors that do not meet the minimal conditions or requirements of B, C, or D
[X]Sec	to qualify for categories B, C, or D. All visible metal connectors are: cured to truss/rafter with a minimum of three (3) nails, and tached 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	
	etal connectors that do not wrap over the top of the truss/rafter, or
[] Met position	al 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.
C. Single Wraps	
m	letal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a inimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
D. Double Wraps	
beam, minim [] Met	al 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 um of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or al connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on
[] E. Structural Anchor	ides, and is secured to the top plate with a minimum of three nails on each side. bolts structurally connected or reinforced concrete roof.
[] F. Other: [] G. Unknown or unid [] H. No attic access	entified
[] II. No attic access	
	nat 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.
[] B. Flat Roof	Total length of non-hip features: ; Total roof system perimeter: 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.
6 Sacandany Water D	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
[X] A. SWR (also calle sheathing or for	d 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 usion in the event of roof covering loss.
[] B. No SWR. [] C. Unknown or unde	
. Onknown of unde	

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	Glazed Openings		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		Х	X	Χ		Χ
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	Χ				Χ	·

- [] 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
- [] <u>B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)</u> 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
- [] <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).

Ш	C.1	All Non-G	lazed c	penings	classified	as A, B	, or C ii	n the table	above,	or no Nor	ı-Glazed	l opening	gs exis	SI
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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 "P" with no documentation of compliance (Level N. i.	Answer "A", "B", or C" 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.2 One or More Non-Glazed openings classified as Level D					
table above					
N.3 One or More Non-Glazed openings is classified as Level					
[X] X. None or Some Glazed Openings One or more Glazed of	ppenings classified and Lev	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 Property Assessment Team		Phone: 866-568-7853			
Qualified Inspector – I hold an active license as a:	(check one)				
Home inspector licensed under Section 468.8314, Florida Statutes training approved by the Construction Industry Licensing Board a	who has completed the statut				
 □ 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 Sta	tutes.				
Professional architect licensed under Section 481.213, Florida Sta	tutes.				
Any other individual or entity recognized by the insurer as possess verification form pursuant to Section 627.711(2), Florida Statutes.		ons to properly complete a uniform mitigation			
Individuals other than licensed contractors licensed under S					
under Section 471.015, Florida Statues, must inspect the structure structure and statues are statues and statues and statues are statues and statues and statues are statues are statues and statues are statues are statues and statues are statues a					
experience to conduct a mitigation verification inspection.	et employee who possesse	s the requisite skin, knowledge, and			
I, <u>John Felten</u> 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.					
Qualified Inspector Signature: Date	: 3/1/2023				
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. (Secertifies this form shall be directly liable for the misconduct performed the inspection.	ligence provides a false or ce Fraud and may be sub ction 627.711(4)-(7), Flori	ject to administrative action by the ida Statutes) The Qualified Inspector who			
Homeowner to complete: I certify that the named Qualifier residence identified on this form and that proof of identification					
Signature:	Date:				
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to w misdemeanor of the first degree. (Section 627.711(7), Florid	hich the individual or ent				

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.

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