

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION



Prepared Exclusively for Eastwood Shores Condominium No. 4 Association, Inc.

As of 9/7/2023 | FPAT File# MIT2218498



Felten Property Assessment Team

866.568.7853 | www.fpat.com

RECAPITULATION OF MITIGATION FEATURES For 1855 Bough Ave, Units A-D

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

Comments: The year of construction was verified as 1980 per Pinellas County

Property Appraiser.

2. Roof Covering: FBC Equivalent

Comments: The roof covering was replaced in 2009. The roof permit was confirmed

and the permit number is PER-H-CB09-04320. 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: Hip Roof

Comments: Inspection verified a hip roof shape.

6. SWR: No

Comments: At the time of inspection, no SWR was verified.

7. Opening Protection: None or Some Glazed Openings

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

Address Verification



Exterior Elevation



Exterior Elevation



Exterior Elevation

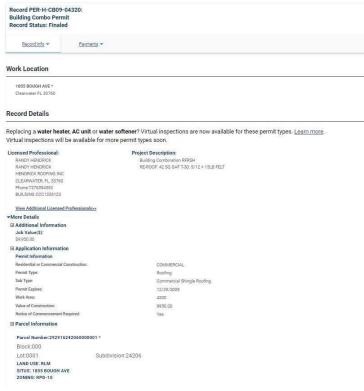






Exterior Elevation

Roof Permit Information







Roof Construction

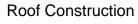
Roof Construction













Uniform Mitigation Verification Inspection Form

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

| | · | | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|--|--|--|--|
| Inspection Date: 9/7/2023 | | | | | | |
| Owner Information | | | | | | |
| Owner Name: Eastwood Shores | Contact Person: Beverly Neubecker | | | | | |
| Address: 1855 Bough Ave, Units A-D | | Home Phone: | | | | |
| City: Clearwater Zip: 33760 | | Work Phone: (727) 726-8000 | | | | |
| County: Pinellas | | Cell Phone: | | | | |
| Insurance Company: | | Policy #: | | | | |
| Year of Home: 1980 | # of Stories: 2 | Email: bneubecker@ameritechmail.com | | | | |
| 1 | I . | l | | | | |

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 | 6/3/2009 | | 2009 | [] |
| [] 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.
- [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

Inspectors Initials Property Address 1855 Bough Ave, Units A-D, Clearwater

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| 182 psf. | |
|---|--|
| [] D. Reinforced Concrete F | Roof Deck. |
| [] E. Other: | |
| [] F. Unknown or unidentifi [] G. No attic access. | ed. |
| | |
| | nt: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within side corner of the roof in determination of WEAKEST type) |
| [] Truss/rat | fter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the f the wall, or |
| [] Metal co | onnectors that do not meet the minimal conditions or requirements of B, C, or D |
| [X]Secured | ualify for categories B, C, or D. All visible metal connectors are: d to truss/rafter with a minimum of three (3) nails, and ed to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from |
| | blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe trosion. |
| [X] B. Clips | TOSTOIL. |
| | connectors that do not wrap over the top of the truss/rafter, or |
| [] Metal co position red | onnectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the naiquirements of C or D, but is secured with a minimum of 3 nails. |
| [] C. Single Wraps | |
| | connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a num of 2 nails on the front side and a minimum of 1 nail on the opposing side. |
| [] D. Double Wraps | |
| beam, on e minimum o [] Metal co | onnectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or onnectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on |
| [] E. Structural Anchor bolt | and is secured to the top plate with a minimum of three nails on each side. s structurally connected or reinforced concrete roof. |
| [] F. Other:[] G. Unknown or unidentif[] H. No attic access | ïed |
| | s the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of tenclosed space in the determination of roof perimeter or roof area for roof geometry classification). |
| - | ip roof with no other roof shapes greater than 10% of the total roof system perimeter. |
| [] B. Flat Roof Ro | otal length of non-hip features: ; Total roof system perimeter: oof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less an 2:12. Roof area with slope less than 2:12: sq ft; Total roof area: sq ft |
| | ny roof that does not qualify as either (A) or (B) above. |
| [] A. SWR (also called Seal sheathing or foam a | tance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) led Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the dhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling in the event of roof covering loss. |
| | |

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 | | Х | Х | 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 | | | | | | |
| IN | Other protective coverings that cannot be identified as A, B, or C | · | | | | | · |
| Х | No Windborne Debris Protection | Χ | | | | Χ | X |

- [] <u>A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)</u> 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 |

| C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed opening | gs are covered with plywood/OSF |
|--|---------------------------------|
| 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

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| [] N. Exterior Opening Protection (unverified shutter system) protective coverings not meeting the requirements of "B" with no documentation of compliance (Level N is | Answer "A", "B", or C" o | | | |
|---|---|---|--|--|
| □ 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 I table above | o in the table above, and no No | on-Glazed openings classified as Level X in the | | |
| ☐ N.3 One or More Non-Glazed openings is classified as Leve | X in the table above | | | |
| [X] X. None or Some Glazed Openings One or more Glazed | | 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 Statute training approved by the Construction Industry Licensing Board a | | | | |
| □ Building code inspector certified under Section 468.607, Florida □ General, building or residential contractor licensed under Section | | | | |
| \square Professional engineer licensed under Section 471.015, Florida Sta | itutes. | | | |
| ☐ Professional architect licensed under Section 481.213, Florida Sta | itutes. | | | |
| 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 | | |
| Individuals other than licensed contractors licensed under Sunder Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dire experience to conduct a mitigation verification inspection. I, John Felten am a qualified inspector and I contractors and professional engineers only) I had my emplo and I agree to be responsible for his/her work. | uctures personally and no ct employee who possesse personally performed the | t through employees or other persons. s the requisite skill, knowledge, and e inspection or (licensed | | |
| Qualified Inspector Signature: Date: 9/7/2023 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. | | | | |
| Signature: | Date: | | | |
| 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.

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OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155