

### RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION



Prepared Exclusively for Island Point, Inc., No. 1, A Condominium - aka Bay House

As of 09-25-2024 | FPAT File# MUD2423345

## **Felten Property Assessment Team**

866.568.7853 | www.fpat.com



# RECAPITULATION OF MITIGATION FEATURES For 644 Island Way, Units 101-708

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

Comments: The year of construction was verified as 1972 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 number is BCP2013-04328. In 2022 a silicone roof coating was applied to the roof to extend the life of the existing roof. This roof was verified as meeting the building code

requirements outlined on the mitigation affidavit.

3. Roof Deck Attachment: Reinforced Concrete Roof Deck

Comments: Inspection verified a roof structure composed of cast-in-place or pre-

cast structural concrete designed to be self-supporting and integrally

attached to the wall / support system.

4. Roof to Wall Structural

Attachment:

Comments: Inspection verified a roof structure composed of cast-in-place or pre-

cast structural concrete designed to be self-supporting and integrally

attached to the wall / support system.

5. Roof Geometry: Flat Roof

Comments: Inspection verified flat roof shape, refer to attached photographs.

6. SWR: No

Comments: SWR does not apply to reinforced concrete roof decks.

7. Opening Protection: None or Some Glazed Openings

Comments: Inspection verified some opening protection. Not all glazed openings

were protected with impact resistant coverings.

**Address Verification** 



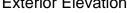
**Exterior Elevation** 



**Exterior Elevation** 



**Exterior Elevation** 



**Exterior Elevation** 

**Exterior Elevation** 







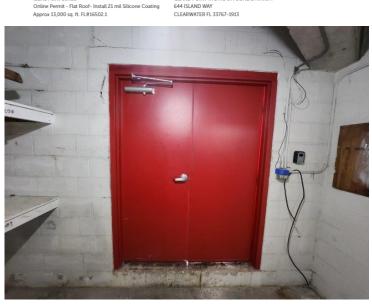
# SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 644 Island Way, Units 101-708

#### FPAT File #MUD2423345

Record BCP2013-0	4328:		
Building - Construct Record Status: Con	ction Permit		
Record Info *	Payments •		
see plan review con	manter		
1. Select Record Info	tab above		
2. Record Details			
3. Select the Print/V	iew Conditions button at the bol	ttom.	
schedule/view inspe			
schedule/view inspi 1. Select Record Info			
2. Select Inspections			
		ers have completed their reviews.	
minerio viii voi be	available and all plans examin	ary nave completed dreat reviews.	
Address Info:			
644 ISLAND WAY			
CLEARWATER FL 3376	1		
Record Details			
	is a second to the second to t	cinha band arrows of the same. There elich "CASE SIL	MMADV*
print a summary of the censed Professional		right hand corner of the page. Then click "CASE SU Project Name	Property Owner Info:
ENRIQUE MATTA	.nto:	RAYHOUSE CONOMINIUM	ISLAND POINT I ASSN INC
SPP SYSTEMS INC		RECOVER EXISTING ROOF WITH GACO WESTERN	PO BOX 1191
3210 SE 10TH STREET	UNIT 5D	POLYFOAM NOA #12-0426.07	OLDSMAR FL 34677-1191
POMPANO BEACH, FL,			
Phone 1:8665613626			
Contractor CCC13259	36		
Record Statu	s: Completed Payments		
To see plan revi			
	rd Info tab above		
2. Record Det			
3. Select the F	Print/View Conditions butto	on at the bottom.	
To schedule/vie	w inspections:		
	rd Info tab above		
2. Select Insp	ections		
Comments will I	tOT be available until all pl	ans examiners have completed their rev	iews.
Address Inf	·		
Address ini	o.		
644 ISLAND W	/AY		
CLEARWATER			
CLUMNICA	123707		
Record Det	ails		
To print a summa	ry of this page click "REPORT	'S" in the top right hand corner of the page.	Then click "CASE SUMMARY"
Applicant Info:		Licensed Professional Info:	
Jeff Slayton		JEFFREY ROY R SLAYTON	
Urethane Syste	ems	URETHANE SYSTEMS INC	
6537 116th ave	1	6537 116TH AVE N	
largo, FL, 3377		LARGO, FL, 33773	
Phone 1:72754		Phone 1:7275449884	
Fax:727545924		Fax:7275459246	
admin@usiroo		Contractor CCC1326244	
Project Name		Property Owner Info:	
Island Point Co	ondo	ISLAND POINT INC NO 1 A CO	NDOMINIUM

Roof Permit Information

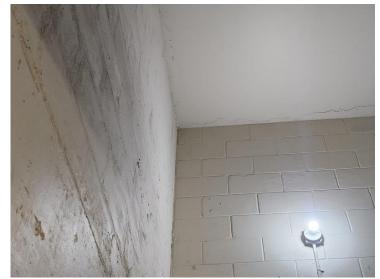
Roof Permit Information



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**Roof Construction** 















**Roof Construction** 



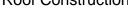


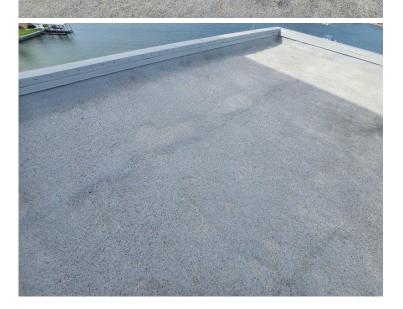


**Roof Construction** 









### **Uniform Mitigation Verification Inspection Form**

Maintain a cor	ov of this fo	orm and anv	documentation a	nrovided v	with the insuranc	e policy
viamium a cop	Jy OI uns ic	Jim and any	documentation	provided	with the mountain	c poncy

Inspection Date: 09-25-2024						
Owner Information						
Owner Name: Island Point, Inc., No. 1, A Condominium - aka Bay House Contact Person: Scott Vignery						
Address: 644 Island Way, Units 101-708		Home Phone:				
City: Clearwater Beach	Zip: 33767	Work Phone: (727) 726-8000				
County: Pinellas		Cell Phone:				
Insurance Company:	Policy #:					
Year of Home: 1972	Email: svignery@ameritechmail.com					

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must

	ipany this form. At least one pl h 7. The insurer may ask addit				
the [] A. []	Hilding Code: Was the structure of HVHZ (Miami-Dade or Browar Built in compliance with the FBC 3/1/2002: Building Permit App For the HVHZ Only: Built in conprovide a permit application with Unknown or does not meet the	d counties), South F 2: Year Built . For I lication Date (MM/DD/ appliance with the SF th a date after 9/1/19	Florida Building Cod homes built in 2002/ YYYY) FBC-94: Year Built _ 994: Building Permit	e (SFBC-94)? 2003 provide a permit application.  For homes built in 1	ation with a date after 994, 1995, and 1996
OF	<b>oof Covering:</b> Select all roof cover R Year of Original Installation/Revering 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>[] 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>[X] 6. Other Polyeurethane foam</li> </ul>	04-15-2013		2013	0 0 0 0 0
[] B. [] C.	A. All roof coverings listed above installation OR have a roofing All roof coverings have a Miami permit application after 9/1/19 One or more roof coverings do n No roof coverings meet the requirement.	permit application of Dade Product Appl 94 and before 3/1/2 ot meet the requirem	date on or after 3/1/0 roval listing current a 002 OR the roof is onents of Answer "A"	2 OR the roof is original and at time of installation OR (for riginal and built in 1997 or la	built in 2004 or later. the HVHZ only) a roofing
[] A.	of Deck Attachment: What is the Plywood/Oriented strand board staples or 6d nails spaced at 6" a -OR- Any system of screws, nouplift less than that required for Plywood/OSB roof sheathing was 24"inches o.c.) by 8d common	(OSB) roof sheathir long the edge and 12 ails, adhesives, other Options B or C belivith a minimum this nails spaced a maximum.	ng attached to the roc 2" in the fieldOR- I er deck fastening systom. ckness of 7/16"inch mum of 12" inches i	of truss/rafter (spaced a maxi Batten decking supporting wo stem or truss/rafter spacing that attached to the roof truss/raften the fieldOR- Any system	od shakes or wood shingles. hat has an equivalent mean fter (spaced a maximum of of screws, nails, adhesives,
[] C.	other deck fastening system or a maximum of 12 inches in the Plywood/OSB roof sheathing v 24"inches o.c.) by 8d common decking with a minimum of 2 r	field or has a mean with a minimum this nails spaced a maxi	uplift resistance of a ekness of 7/16"inch imum of 6" inches in	at least 103 psf. attached to the roof truss/rate to the fieldOR- Dimensiona	fter (spaced a maximum of l lumber/Tongue & Groove

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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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	82 psf. Leinforced Concrete Roof Deck.
[] E. Oth	
	known or unidentified.
[] G. No	attic access.
	to Wall Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within of the inside or outside corner of the roof in determination of WEAKEST type) e Nails
	[] Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or [] Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
Minin	nal conditions to qualify for categories B, C, or D. All visible metal connectors are:
William	[]Secured to truss/rafter with a minimum of three (3) nails, <b>and</b> []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 <b>and</b> blocked no more than 1.5" of the truss/rafter, <b>and</b> free of visible severe corrosion.
[] B. Cli <sub>l</sub>	ps
П.С. S:	[] Metal connectors that do not wrap over the top of the truss/rafter, <b>or</b> [] Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
[] C. Sin	gle 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.
[X] E. S	[] Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap 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, or [] Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side. tructural Anchor bolts structurally connected or reinforced concrete roof.
	er: known or unidentified attic access
	Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of st structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
[] A. Hip	PRoof 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:
[X] B. F.	lat 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
[] C. Oth	ner Roof Any roof that does not qualify as either (A) or (B) above.
[] A. SW S f [X] B. N	dary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)  (R (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.  (Io SWR)  (Io SWR)
u c. om	Known of undetermined.

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.			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		Х
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	Χ				Х	
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
  - 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
  - [X] 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 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.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 Non-Glazed openings classified as Level N or X in

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

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the table above

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[] <u>N.</u> ]	Exterior Opening Protection (unverified shutter sys					
	protective coverings not meeting the requirements of "B" with no documentation of compliance (Level N		r systems that appear to meet Answer "A" or			
	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 Leve	el X in the table above				
[X] <u>X</u> .	None or Some Glazed Openings One or more Glazed	openings classified and Lev	rel X in the table above.			
	MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov	~				
Qual	ified Inspector Name: John Felten	License Type: CBC	License or Certificate #: CBC1255984			
Inspe	ection Company: Felten Property Assessment Team	l	Phone: 866-568-7853			
Quali	fied Inspector – I hold an active license as a	: (check one)				
	me inspector licensed under Section 468.8314, Florida Statute ining approved by the Construction Industry Licensing Board					
	ilding code inspector certified under Section 468.607, Florida neral, building or residential contractor licensed under Section					
□ Pro	ofessional engineer licensed under Section 471.015, Florida St	atutes.				
□ Pro	ofessional architect licensed under Section 481.213, Florida St.	atutes.				
	y other individual or entity recognized by the insurer as posserification form pursuant to Section 627.711(2), Florida Statutes		ns to properly complete a uniform mitigation			
Licens experie I,	Section 471.015, Florida Statues, must inspect the strees under s.471.015 or s.489.111 may authorize a director to conduct a mitigation verification inspection.  Iohn Felten am a qualified inspector and letters and professional engineers only) I had my employere to be responsible for his/her work.	ect employee who possesse I personally performed the	s the requisite skill, knowledge, and e inspection or (licensed			
Qualified Inspector Signature:Date: 09-25-2024						
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.						
Homeowner to complete: 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:						
obtai	dividual or entity who knowingly provides or utters n or receive a discount on an insurance premium to vemeanor of the first degree. (Section 627.711(7), Flori	which the individual or ent				
The defi	nitions on this form are for inspection purposes only and cannot b	e used to certify any product or	construction feature as offering protection from			

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