

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION



Prepared Exclusively for Palma Del Mar Condominium Association No. 5 Of St. Petersburg, Inc.

As of 2/28/2023 | FPAT File# MUD2319128



Felten Property Assessment Team

RECAPITULATION OF MITIGATION FEATURES For 6372 Palma Del Mar Blvd S, Units 113-316

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: One or more roof coverings do not meet the minimum requirements

Comments: This building has multiple types of roof coverings. The concrete tile roof

was replaced in 2006. The roof permit was confirmed and the permit number is 06-10000788. The tar & gravel roof is of unknown age. No permit information was found with the local Building Department. This roof was verified as not meeting the requirements outlined on the

mitigation affidavit.

3. Roof Deck Attachment: No Attic Access

Comments: Due to no attic access the Roof Deck Attachment could not be

determined.

4. Roof to Wall No Attic Access

Attachment:

Comments: Due to no attic access the Roof to Wall Attachment could not be

determined.

5. Roof Geometry: Other Roof

Comments: Inspection verified a combination of 33% flat and 67% hip roof shapes,

refer to attached photographs.

6. SWR: No.

Comments: No SWR verified.

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



Roof Construction



Roof Construction

Roof Construction

Roof Construction







Roof Construction

Roof Construction

Opening Protection







Uniform Mitigation Verification Inspection Form

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

Inspection Date: 2/28/2023						
Owner Information						
Owner Name: Palma Del Mar Condominiu	Contact Person: Scott Fisher					
Address: 6372 Palma Del Mar Blvd S, Unit	Home Phone:					
City: St. Petersburg	Zip: 33715	Work Phone: (727) 864-0004				
County: Pinellas		Cell Phone:				
Insurance Company:		Policy #:				
Year of Home: 1981	# of Stories: 3	Email: sfisher@resourcepropertymgmt.co				

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
[] 1. Asphalt/Fiberglass Shingle				[]
[X] 2. Concrete/Clay Tile			2006	[]
[] 3. Metal				[]
[X] 4. Built Up				[X]
[] 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.
- [X] 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

Inspectors Initials Property Address 6372 Palma Del Mar Blvd S, Units 113-316, St. Petersburg

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182 psf.	nce than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
D. Reinforced Concre	te Roof Deck.
[] E. Other:[] F. Unknown or unider	atified
[X] G. No attic access.	idified.
5 feet of the inside or	ment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within outside corner of the roof in determination of WEAKEST type)
[] A. Toe Nails	s/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the
	te of the wall, or
	l connectors that do not meet the minimal conditions or requirements of B, C, or D
Minimal conditions t	to qualify for categories B, C, or D. All visible metal connectors are:
	ed to truss/rafter with a minimum of three (3) nails, and
	hed to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the
II D. Cli	blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
[] B. Clips	l connectors that do not wrap over the top of the truss/rafter, or
[] Meta	I connectors that do not wrap over the top of the truss/rafter, of all 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	requirements of C of D, out is secured with a minimum of 3 hairs.
Me	etal 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 [] Meta	l 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 1 connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on des, and is secured to the top plate with a minimum of three nails on each side.
	polts structurally connected or reinforced concrete roof.
F. Other:	33-10 54-44-14-14-1 ₃ 4-5-14-4-5-4-4-5-4-4-5-5-4-4-5-5-4-4-5-4-4-5-4
[] G. Unknown or unide	ntified
[X] H. No attic access	
	at is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of runenclosed 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
[] D . 1 lat Roof	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 Sheathing or foa	esistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the madhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling sion in the event of roof covering loss.
[] C. Unknown or undet	ermined.

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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		X	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.
 - ☐ 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.)
 - □ 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.2 One or More Non-Glazed openings is 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. E</u>	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

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[] N. Exterior Opening Protection (unverified shutter s protective coverings not meeting the requirements	of Answer "A", "B", or C" of		
"B" with no documentation of compliance (Level 1		GI I I	
□ N.1 All Non-Glazed openings classified as Level A, B, C			
☐ N.2 One or More Non-Glazed openings classified as Leve table above		on-Giazed openings cia	issified as Level A in the
☐ N.3 One or More Non-Glazed openings is classified as Le			
[X] X. None or Some Glazed Openings One or more Glaze	ed openings classified and Le	vel X in the table abo	ove.
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pr			
Qualified Inspector Name: John Felten	License Type: CBC	License or Cer	rtificate #: CBC1255984
Inspection Company: Felten Property Assessment Tea	m	Phone: 866-568-7	7853
Qualified Inspector – I hold an active license as	a: (check one)	I	
☐ Home inspector licensed under Section 468.8314, Florida Statutraining approved by the Construction Industry Licensing Board	•	•	f hurricane mitigation
 □ Building code inspector certified under Section 468.607, Florio □ General, building or residential contractor licensed under Section 			
$\hfill \Box$ Professional engineer licensed under Section 471.015, Florida	Statutes.		
$\hfill \Box$ Professional architect licensed under Section 481.213, Florida	Statutes.		
Any other individual or entity recognized by the insurer as post verification form pursuant to Section 627.711(2), Florida Statu		ons to properly complet	e a uniform mitigation
Individuals other than licensed contractors licensed unde under Section 471.015, Florida Statues, must inspect the			
<u>Licensees under s.471.015 or s.489.111 may authorize a desperience to conduct a mitigation verification inspection</u>		s the requisite skill,	, knowledge, and
I, <u>John Felten</u> am a qualified inspector and contractors and professional engineers only) I had my empand I agree to be responsible for his/her work.			nsed
R AT			
Qualified Inspector Signature: D	ate: <u>2/28/2023</u>		
An individual or entity who knowingly or through gross is subject to investigation by the Florida Division of Insur			
appropriate licensing agency or to criminal prosecution.			
certifies this form shall be directly liable for the miscondu			
performed the inspection.			
Homeowner to complete: I certify that the named Quali			
residence identified on this form and that proof of identifica	tion was provided to me or n	y Authorized Repres	sentative.
Signature:	Date:		
An individual or entity who knowingly provides or utter	s a false or fraudulent mitie	ration verification fo	orm with the intent to
obtain or receive a discount on an insurance premium to misdemeanor of the first degree. (Section 627.711(7), Flo	which the individual or en		

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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