

## **COMMERCIAL WINDSTORM MITIGATION INSPECTION REPORT (OIR-B1-1802)**

Prepared for:

### Banana Bay Condominium

200 Banana River Blvd S, Building 1700, Units 1701-1704 Cocoa Beach, FL 32931

As of 5/20/2022



# RECAPITULATION OF MITIGATION FEATURES For 200 Banana River Blvd S, Building 1700, Units 1701-1704

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

Comments: The year of construction was verified as 1984 per Brevard County

Property Appraiser.

2. Roof Covering: FBC Equivalent

Comments: The roof covering was replaced in 2005. The roof permit was

confirmed and the permit number is 05-1210. 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  $6\mbox{"}$  on the edge  $\&~6\mbox{"}$  in the field.

4. Roof to Wall Clips

**Attachment:** 

Comments: Inspection verified hurricane clips fastened with a minimum of three

nails.

5. Roof Geometry: Other Roof

Comments: Inspection verified hip and gable roof shapes. The gable sections of

the roof account for greater than 10% of the total roof perimeter.

6. <u>SWR:</u> 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** 



**Roof Construction** 



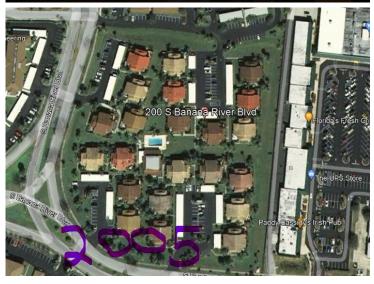
**Roof Construction** 







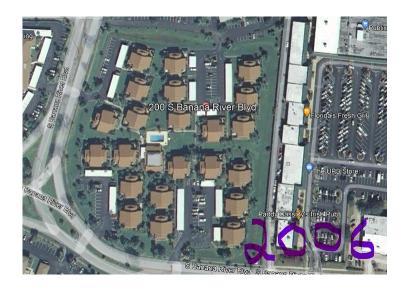
**Roof Construction** 



## SUPPORTING DOCUMENTION OF WINDSTORM MITIGATION FEATURES LOCATED AT: 200 Banana River Blvd S, Building 1700, Units 1701-1704

#### FPAT File #MIT2217243

**Roof Construction** 



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

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

| Inspection Date: 5/20/2022   |                 |                            |  |  |  |  |  |  |  |
|--|-----------------|----------------------------|--|--|--|--|--|--|--|
| Owner Information  |                 |                            |  |  |  |  |  |  |  |
| Owner Name: Banana Bay Condominium Contact Person: Jennifer Vo               |                 |                            |  |  |  |  |  |  |  |
| Address: 200 Banana River Blvd S, Building 1700, Units 1701-1704 Home Phone: |                 |                            |  |  |  |  |  |  |  |
| City: Cocoa Beach  | Zip: 32931      | Work Phone: (321) 735-7624 |  |  |  |  |  |  |  |
| County: Brevard Cell Phone:  |                 |                            |  |  |  |  |  |  |  |
| Insurance Company: Policy #:   |                 |                            |  |  |  |  |  |  |  |
| Year of Home: 1984   | # of Stories: 2 | Email:                     |  |  |  |  |  |  |  |

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. | <b>Building Code</b> : 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<br>Date | FBC or MDC<br>Product Approval # | Year of Original Installation or<br>Replacement | No Information<br>Provided for<br>Compliance |
|----------------------------------|----------------------------|----------------------------------|---|--|
| [] 1. Asphalt/Fiberglass Shingle |                            |                                  |   |  |
| [] 2. Concrete/Clay Tile         |                            |                                  |   | []   |
| [X] 3. Metal                     | 4/1/2005                   |                                  |   | []   |
| [] 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

<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

| 182 psf.   |   |
|--|---|
|  | Concrete Roof Deck.   |
| [] E. Other:                                     |   |
| F. Unknown or                                    |   |
| [] G. No attic acce                              | ess.  |
| 5 feet of the insi                               | <b>ttachment:</b> What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within ide or outside corner of the roof in determination of WEAKEST type)   |
| [] A. Toe Nails                                  |   |
| to   | Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the op plate of the wall, or Metal connectors that do not meet the minimal conditions or requirements of B, C, or D                                      |
| LJ   | Metal connectors that do not meet the minimal conditions of requirements of B, C, of D  |
|  | tions to qualify for categories B, C, or D. All visible metal connectors are:   |
|  | X]Secured to truss/rafter with a minimum of three (3) nails, and  |
| [2   | X]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.                        |
| [X] B. Clips                                     | COTTOSION.  |
|  | X] 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   |
|  | osition requirements of C or D, but is secured with a minimum of 3 nails.   |
| [] C. Single Wraps                               |   |
| 1  | 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 Wraj                                |   |
|  | Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond   |
| be   | eam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a   |
| m  | ninimum 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  |
| bo   | oth sides, and is secured to the top plate with a minimum of three nails on each side.  |
|  | nchor bolts structurally connected or reinforced concrete roof.   |
| [] F. Other:                                     |   |
| [] G. Unknown or                                 |   |
| [] H. No attic acce                              | ess   |
|  | 2: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of  |
| the host structur                                | re 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                                |   |
| 6. Secondary Wat                                 | ter Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)   |
| [] A. SWR (also ca<br>sheathing of<br>from water | alled Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling r intrusion in the event of roof covering loss. |
| [X] B. No SWR.                                   | yan datamain a d  |
| [] C. Unknown or                                 | 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

Inspectors Initials Property Address 200 Banana River Blvd S, Building 1700, Units 1701-1704, Cocoa Beach

<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

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 O        | Non-Glazed<br>Openings |                |                |                 |
|---------------|---|------------------------------|-----------------|------------------------|----------------|----------------|-----------------|
| openi<br>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<br>or Entry<br>Doors | Garage<br>Doors | Skylights              | Glass<br>Block | Entry<br>Doors | Garage<br>Doors |
| N/A           | Not Applicable- there are no openings of this type on the structure   |                              | Х               | 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   |                              |                 |                        |                |                |                 |
|               | 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  | 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

☐ A.1 All Non-Glazed openings classified as A 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
- □ 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 and ASTM E 1996 (Large Missile 4.5 lb.)
  - SSTD 12 (Large Missile 4 lb. to 8 lb.)
  - For Skylights Only: ASTM E 1886 <u>and</u> 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).
  - ☐ 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

Inspectors Initials Property Address 200 Banana River Blvd S, Building 1700, Units 1701-1704, Cocoa Beach

<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

| 1 | . 1 | n  | Λ | т | · F | 7.5 | 1. | _ | ш | LT | М  | т | Т | 2 | 1   | 1 | 7 | • 1 |    | • |
|---|-----|----|---|---|-----|-----|----|---|---|----|----|---|---|---|-----|---|---|-----|----|---|
|   | r   | М. | н |   |     | ١.  |    | - | + | ٠, | VI |   | • | _ | . / |   | • | .4  | ŀ. |   |

| [] N. Exterior Opening Protection (unverified shutter syst protective coverings not meeting the requirements of "B" with no documentation of compliance (Level N i  | Answer "A", "B", or C" o                               |  |
|---|--|--|
| □ N.1 All Non-Glazed openings classified as Level A, B, C, or   |  | on-Glazed onenings exist   |
| N.2 One or More Non-Glazed openings classified as Level I table above  N.2 One or More Non-Glazed openings classified as Level I table above  |  |  |
| N.3 One or More Non-Glazed openings is classified as Leve   | l X in the table above                                 |  |
| [X] X. None or Some Glazed Openings One or more Glazed  | openings classified and Lev                            | vel X in the table above.  |
| MITIGATION INSPECTIONS MUST B<br>Section 627.711(2), Florida Statutes, provi  |  |  |
| Qualified Inspector Name: John Felten   | License Type: CBC                                      | License or Certificate #:_CBC1255984   |
| Inspection Company: Felten Professional Adjustment Te   | eam, LLC.  | 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   |  |  |
| <ul> <li>□ Building code inspector certified under Section 468.607, Florida</li> <li>□ General, building or residential contractor licensed under Section</li> </ul>  |  |  |
| ☐ Professional engineer licensed under Section 471.015, Florida Sta   | itutes.  |  |
| Professional architect licensed under Section 481.213, Florida Sta  | ntutes.  |  |
| 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                                   |
| under Section 471.015, Florida Statues, must inspect the str<br>Licensees under s.471.015 or s.489.111 may authorize a dire<br>experience to conduct a mitigation verification inspection.  I, John Felten am a qualified inspector and I<br>contractors and professional engineers only) I had my emplo<br>and I agree to be responsible for his/her work. | ct employee who possesse personally performed the      | s the requisite skill, knowledge, and e inspection or (licensed                |
| Qualified Inspector Signature:Date  | e: <u>5/20/2022</u>                                    |  |
| An individual or entity who knowingly or through gross negits subject to investigation by the Florida Division of Insuran appropriate licensing agency or to criminal prosecution. (See certifies this form shall be directly liable for the misconduct performed the inspection.   | ce Fraud and may be sub<br>ection 627.711(4)-(7), Flor | 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 roof of identification   |  |  |
| residence identified on this form and that foot of identification   | i was provided to me or my                             | Authorized Representative.   |
| 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), Flori  | which the individual or ent                            |  |
| The definitions on this form are for inspection purposes only and cannot be hurricanes.   |  | construction feature as offering protection from                               |

Inspectors Initials Property Address 200 Banana River Blvd S, Building 1700, Units 1701-1704, Cocoa Beach

\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.