FELTEN PROPERTY ASSESSMENT TEAM

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION

Windstorm Mitigation Report

Bel-Forest Manor Condominium Association

Belleair, FL

Prepared Exclusively for Bel-Forest Manor Condominium Association, Inc.

As of 07-15-2024 | FPAT File# MUD2422851

Felten Property Assessment Team

866.568.7853 | www.fpat.com

CERTIFICATION OF WINDSTORM MITIGATION AFFIDAVIT(S)

This is to certify the enclosed Windstorm Mitigation Inspection report prepared for Bel-Forest Manor Condominium Association, Inc. is the result of work performed by Felten Property Assessment Team and one or more of the individuals listed below.

In addition, we certify that, to the best of our knowledge and belief:

- All facts contained in this report are true and accurate.
- FPAT has no present or prospective interest in the subject property of this report, and also has no personal interest with respect to the parties involved.
- FPAT has no bias with respect to the subject property of this report or to the parties involved with this assignment.
- Our engagement in this assignment was not contingent upon producing or reporting predetermined results.
- Our compensation is not contingent on any action or event resulting from this report.
- We have the knowledge and experience to generate accurate windstorm mitigation affidavit(s) for insurance purposes on all buildings contained within this report.
- We have performed a physical inspection of the subject risk(s) contained in this report.
- This report meets or exceeds the standards of the Citizens Inspection Outreach Program.

Key Staff:

Brad Felten

Sr. Adjuster # E149535
Flood Certification # 06060373
Certified Wind & Hurricane Mitigation Inspector

John Felten

Sr. Adjuster # D075772
Flood Certification # 05030007
Certified Building Contractor # CBC1255984
Certified Wind & Hurricane Mitigation Inspector

Ian Wright

Sr. Adjuster # W273704
Certified Wind & Hurricane Mitigation Inspector

OIR-B1-1802 RECAPITULATION OF BUILDING MITIGATION FEATURES

Bel-Forest Manor Condominium Association

Building	Roof Covering	Roof Deck Attachment	Roof-Wall Attachment	Roof Shape	SWR	Opening Protection
Bldg A, 1750 Belleair Forest Dr	FBC Equivalent	Level A	Toe Nails	Flat Roof	No	None or Some Glazed Openings
Bldg B, 1750 Belleair Forest Dr	FBC Equivalent	Level A	Toe Nails	Flat Roof	No	None or Some Glazed Openings
Bldg C, 1750 Belleair Forest Dr	FBC Equivalent	Level A	Toe Nails	Flat Roof	No	None or Some Glazed Openings
Bldg D, 1753 Belleair Forest Dr	FBC Equivalent	Level A	Toe Nails	Flat Roof	No	None or Some Glazed Openings
Bldg E, 1753 Belleair Forest Dr	FBC Equivalent	Level A	Toe Nails	Flat Roof	No	None or Some Glazed Openings
Bldg F, 1753 Belleair Forest Dr	FBC Equivalent	Level A	Toe Nails	Flat Roof	No	None or Some Glazed Openings

FELTEN PROPERTY ASSESSMENT TEAM

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION

Windstorm Mitigation Report (OIR-B1-1802)

Bel-Forest Manor Condominium Association, Inc.

Bldg A, 1750 Belleair Forest Dr

Belleair, FL 33756

Prepared Exclusively for Bel-Forest Manor Condominium Association, Inc.

As of 07-15-2024 | FPAT File# MUD2422851

QUALITY ASSURANCE GUARANTEED

Felten Property Assessment Team

866.568.7853 | www.fpat.com

RECAPITULATION OF MITIGATION FEATURES
For Bldg A, 1750 Belleair Forest Dr

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 2013 and refurbished in 2024. The roof permit was confirmed and the permit number is #1116. This roof was verified as meeting the building code requirements outlined on the mitigation affidavit.

3. **Roof Deck Attachment:** **Level A**
   Comments: Inspection verified 1/2" plywood roof deck attached with staples at a minimum of 6" on the edge & 12" in the field.

4. **Roof to Wall Attachment:** **Toe Nails**
   Comments: Inspection verified embedded straps fastened with a minimum of two nails.

5. **Roof Geometry:** **Flat Roof**
   Comments: Inspection verified a flat roof shape.

6. **SWR:** **No**
   Comments: No SWR verified at time of inspection.

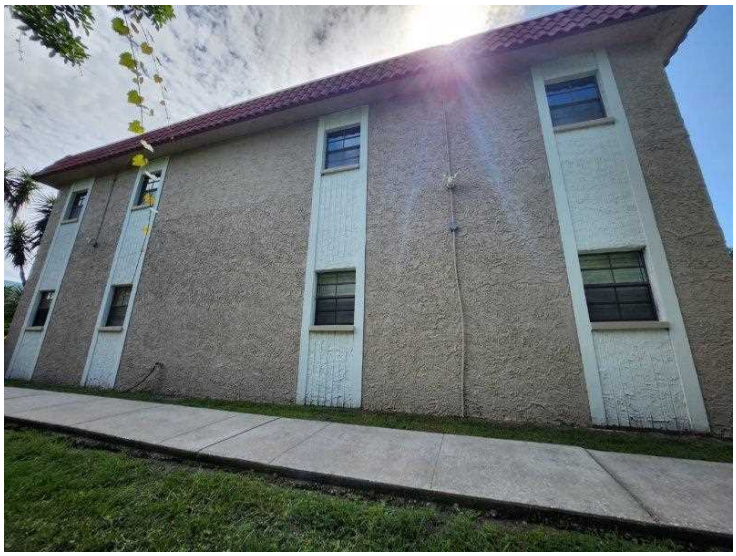
7. **Opening Protection:** **None or Some Glazed Openings**
   Comments: No opening protection verified at the time of inspection.

Address Verification

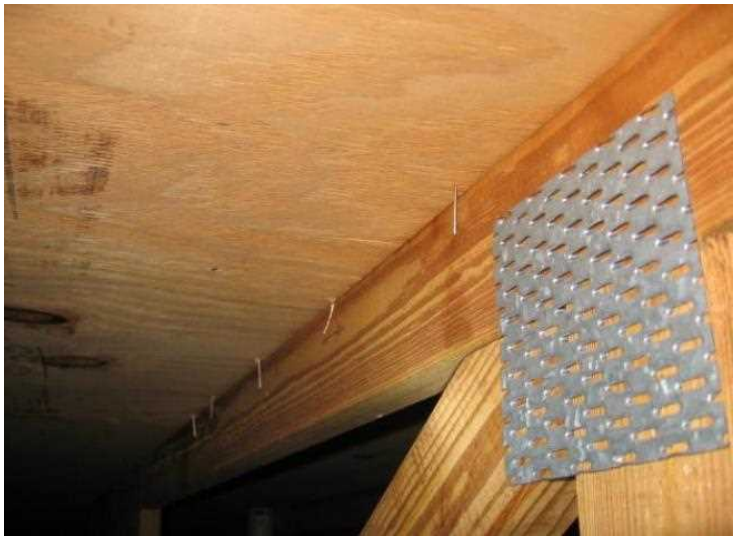
Exterior Elevation

Exterior Elevation

Exterior Elevation



Exterior Elevation



Roof Construction

Roof Construction

Roof Construction

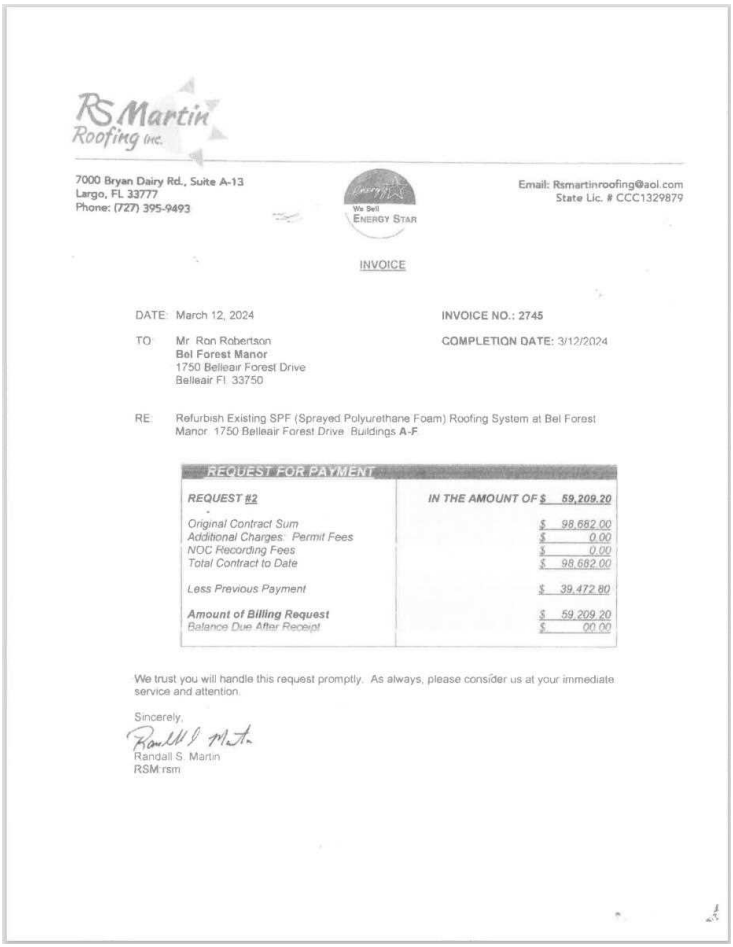
Roof Construction

Roof Construction

Roof Construction

Roof Construction

Supporting Documentation



RS Martin Roofing Inc.

7000 Bryan Dairy Rd., Suite A-13
Largo, FL 33777
Phone: (727) 395-9493

We Sell ENERGY STAR

Email: Rsmartinroofing@aol.com
State Lic. # CCC1329879

INVOICE

DATE: March 12, 2024

INVOICE NO.: 2745

TO: Mr. Ron Robertson
Bel Forest Manor
1750 Belleair Forest Drive
Belleair Fl. 33750

COMPLETION DATE: 3/12/2024

RE: Refurbish Existing SPF (Sprayed Polyurethane Foam) Roofing System at Bel Forest Manor 1750 Belleair Forest Drive Buildings A-F

REQUEST FOR PAYMENT

REQUEST #2	***IN THE AMOUNT OF $ 59,209.20***
Original Contract Sum	*$ 98,682.00*
Additional Charges: Permit Fees	*$ 0.00*
NOC Recording Fees	*$ 0.00*
Total Contract to Date	*$ 98,682.00*
Less Previous Payment	*$ 39,472.80*
Amount of Billing Request	*$ 59,209.20*
Balance Due After Receipt	*$ 00.00*

We trust you will handle this request promptly. As always, please consider us at your immediate service and attention.

Sincerely,

Randall S. Martin
RSM:rsm

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 07-15-2024		
Owner Information		
Owner Name: Bel-Forest Manor Condominium Association, Inc.		Contact Person: Gina Mistretta
Address: Bldg A, 1750 Belleair Forest Dr		Home Phone:
City: Belleair	Zip: 33756	Work Phone: (727) 726-8000
County: Pinellas		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1980	# of Stories: 2	Email: gmistretta@ameritechmail.com

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				[]
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]
[] 5. Membrane				[]
[X] 6. Other Spray Polyurethane foam	11-19-2013		2013	[]

[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?

[X] 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** Bldg A, 1750 Belleair Forest Dr, Belleair

***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.**

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 182 psf.

[] D. Reinforced Concrete Roof Deck.
[] E. Other:
[] F. Unknown or unidentified.
[] G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

[X] A. Toe 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
[X] Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

[]Secured to truss/rafter with a minimum of three (3) nails, **and**
[]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 **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.

[] B. Clips

[] Metal connectors that do not wrap over the top of the truss/rafter, **or**
[] 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. Single 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.

[] D. Double Wraps

[] 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.

[] E. Structural Anchor bolts structurally connected or reinforced concrete roof.
[] F. Other:
[] G. Unknown or unidentified
[] H. No attic access

5. **Roof Geometry:** 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 structure 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:
[X] 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
[] C. Other Roof	Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

[] A. SWR (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.
[X] B. No SWR.
[] C. Unknown or undetermined.

Inspectors Initials **Property Address** Bldg A, 1750 Belleair Forest Dr, Belleair

***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.

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	X		X
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	

[] **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

[] **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 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** Bldg A, 1750 Belleair Forest Dr, Belleair

***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.**

[] **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" 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 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 Level X in the table above

[X] **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. ***Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.***		
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 who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☒ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, John Felten am a qualified inspector and I personally performed the inspection or (*licensed contractors and professional engineers only*) I had my employee (Joshua Pierson) perform the inspection and I agree to be responsible for his/her work.

Qualified Inspector Signature:  **Date: 07-15-2024**

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:** _____

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.

Inspectors Initials  **Property Address** Bldg A, 1750 Belleair Forest Dr, Belleair

***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.**

FELTEN PROPERTY ASSESSMENT TEAM

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION

Windstorm Mitigation Report (OIR-B1-1802)

Bel-Forest Manor Condominium Association, Inc.

Bldg B, 1750 Belleair Forest Dr

Belleair, FL 33756

Prepared Exclusively for Bel-Forest Manor Condominium Association, Inc.

As of 07-15-2024 | FPAT File# MUD2422851

Felten Property Assessment Team

866.568.7853 | www.fpat.com

RECAPITULATION OF MITIGATION FEATURES
For Bldg B, 1750 Belleair Forest Dr

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 roof covering was replaced in 2013 and refurbished in 2024. The roof permit was confirmed and the permit number is #1116. This roof was verified as meeting the building code requirements outlined on the mitigation affidavit.

3. **Roof Deck Attachment:** **Level A**
   Comments: Inspection verified 1/2" plywood roof deck attached with staples at a minimum of 6" on the edge & 12" in the field.

4. **Roof to Wall Attachment:** **Toe Nails**
   Comments: Inspection verified embedded straps fastened with a minimum of two nails.

5. **Roof Geometry:** **Flat Roof**
   Comments: Inspection verified a flat roof shape.

6. **SWR:** **No**
   Comments: No SWR verified at time of inspection.

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

Roof Construction

Roof Construction

Roof Construction

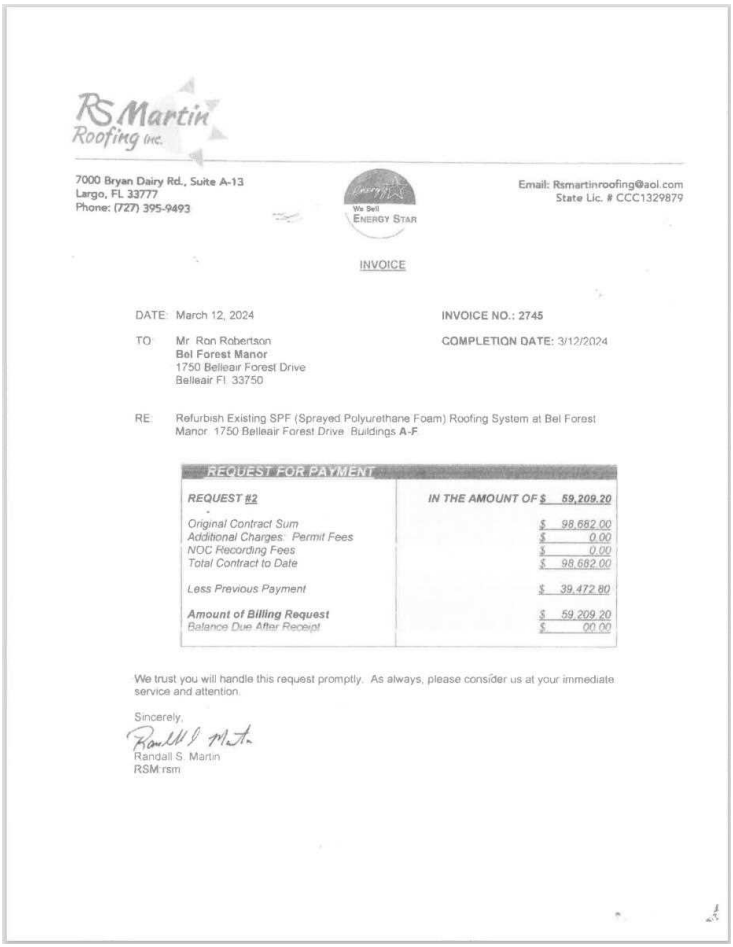
Roof Construction

Roof Construction

Roof Construction

Roof Construction

Supporting Documentation



RS Martin Roofing Inc.

7000 Bryan Dairy Rd., Suite A-13
Largo, FL 33777
Phone: (727) 395-9493

We Sell ENERGY STAR

Email: Rsmartinroofing@aol.com
State Lic. # CCC1329879

INVOICE

DATE: March 12, 2024

INVOICE NO.: 2745

TO: Mr. Ron Robertson
Bel Forest Manor
1750 Belleair Forest Drive
Belleair Fl. 33750

COMPLETION DATE: 3/12/2024

RE: Refurbish Existing SPF (Sprayed Polyurethane Foam) Roofing System at Bel Forest Manor 1750 Belleair Forest Drive Buildings A-F

REQUEST FOR PAYMENT

REQUEST #2	***IN THE AMOUNT OF $ 59,209.20***
Original Contract Sum	*$ 98,682.00*
Additional Charges: Permit Fees	*$ 0.00*
NOC Recording Fees	*$ 0.00*
Total Contract to Date	*$ 98,682.00*
Less Previous Payment	*$ 39,472.80*
Amount of Billing Request	*$ 59,209.20*
Balance Due After Receipt	*$ 00.00*

We trust you will handle this request promptly. As always, please consider us at your immediate service and attention.

Sincerely,

Randall S. Martin
RSM:rsm

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 07-15-2024		
Owner Information		
Owner Name: Bel-Forest Manor Condominium Association, Inc.		Contact Person: Gina Mistretta
Address: Bldg B, 1750 Belleair Forest Dr		Home Phone:
City: Belleair	Zip: 33756	Work Phone: (727) 726-8000
County: Pinellas		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1981	# of Stories: 2	Email: gmistretta@ameritechmail.com

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				[]
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]
[] 5. Membrane				[]
[X] 6. Other Spray Polyurethane foam	11-19-2013		2013	[]

[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?

[X] 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** Bldg B, 1750 Belleair Forest Dr, Belleair

***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.**

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 182 psf.

[] D. Reinforced Concrete Roof Deck.
[] E. Other:
[] F. Unknown or unidentified.
[] G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

[X] A. Toe 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
[X] Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

[]Secured to truss/rafter with a minimum of three (3) nails, **and**
[]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 **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.

[] B. Clips

[] Metal connectors that do not wrap over the top of the truss/rafter, **or**
[] 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. Single 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.

[] D. Double Wraps

[] 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.

[] E. Structural Anchor bolts structurally connected or reinforced concrete roof.
[] F. Other:
[] G. Unknown or unidentified
[] H. No attic access

5. **Roof Geometry:** 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 structure 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:
[X] 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
[] C. Other Roof	Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

[] A. SWR (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.
[X] B. No SWR.
[] C. Unknown or undetermined.

Inspectors Initials **Property Address** Bldg B, 1750 Belleair Forest Dr, Belleair

***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.

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	X		X
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	

[] **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

[] **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 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** Bldg B, 1750 Belleair Forest Dr, Belleair

***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.**

[] **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" 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 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 Level X in the table above

[X] **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. ***Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.***		
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 who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☒ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, John Felten am a qualified inspector and I personally performed the inspection or (*licensed contractors and professional engineers only*) I had my employee (Joshua Pierson) perform the inspection and I agree to be responsible for his/her work.

Qualified Inspector Signature:  **Date: 07-15-2024**

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:** _____

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.

Inspectors Initials  **Property Address** Bldg B, 1750 Belleair Forest Dr, Belleair

***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.**

FELTEN PROPERTY ASSESSMENT TEAM

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION

Windstorm Mitigation Report (OIR-B1-1802)

Bel-Forest Manor Condominium Association, Inc.

Bldg C, 1750 Belleair Forest Dr

Belleair, FL 33756

Prepared Exclusively for Bel-Forest Manor Condominium Association, Inc.

As of 07-15-2024 | FPAT File# MUD2422851

Felten Property Assessment Team

866.568.7853 | www.fpat.com

RECAPITULATION OF MITIGATION FEATURES
For Bldg C, 1750 Belleair Forest Dr

1. **Building Code:** **Unknown or does not meet the requirements of Answer A or B**
   Comments: The year of construction was verified as 1979 per Pinellas County Property Appraiser.

2. **Roof Covering:** **FBC Equivalent**
   Comments: The roof covering was replaced in 2013 and refurbished in 2024. The roof permit was confirmed and the permit number is #1116. This roof was verified as meeting the building code requirements outlined on the mitigation affidavit.

3. **Roof Deck Attachment:** **Level A**
   Comments: Inspection verified 32/16" plywood roof deck attached with 6d nails at a minimum of 6" on the edge & 12" in the field.

4. **Roof to Wall Attachment:** **Toe Nails**
   Comments: Inspection verified embedded straps fastened with a minimum of two nails.

5. **Roof Geometry:** **Flat Roof**
   Comments: Inspection verified a flat roof shape.

6. **SWR:** **No**
   Comments: No SWR verified at time of inspection.

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 Construction

Roof Construction

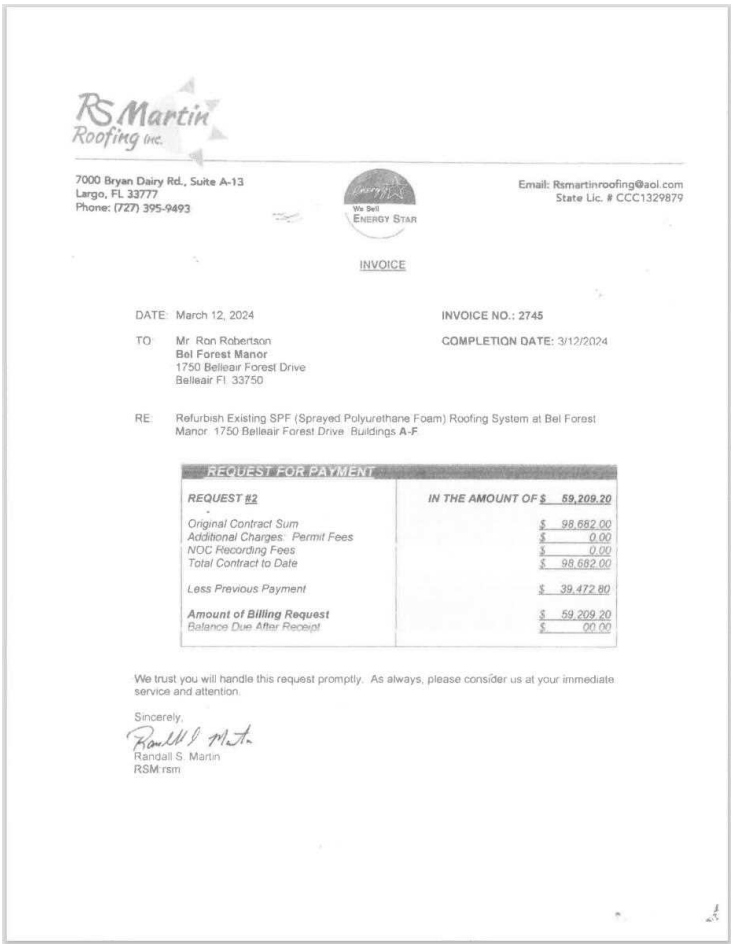
Roof Construction

Roof Construction

Roof Construction

Roof Construction

Supporting Documentation



RS Martin Roofing Inc.

7000 Bryan Dairy Rd., Suite A-13
Largo, FL 33777
Phone: (727) 395-9493

We Sell ENERGY STAR

Email: Rsmartinroofing@aol.com
State Lic. # CCC1329879

INVOICE

DATE: March 12, 2024

INVOICE NO.: 2745

TO: Mr. Ron Robertson
Bel Forest Manor
1750 Belleair Forest Drive
Belleair Fl. 33750

COMPLETION DATE: 3/12/2024

RE: Refurbish Existing SPF (Sprayed Polyurethane Foam) Roofing System at Bel Forest Manor 1750 Belleair Forest Drive Buildings A-F

REQUEST FOR PAYMENT

REQUEST #2	***IN THE AMOUNT OF $ 59,209.20***
Original Contract Sum	*$ 98,682.00*
Additional Charges: Permit Fees	*$ 0.00*
NOC Recording Fees	*$ 0.00*
Total Contract to Date	*$ 98,682.00*
Less Previous Payment	*$ 39,472.80*
Amount of Billing Request	*$ 59,209.20*
Balance Due After Receipt	*$ 00.00*

We trust you will handle this request promptly. As always, please consider us at your immediate service and attention.

Sincerely,

Randall S. Martin
RSM:rsm

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 07-15-2024		
Owner Information		
Owner Name: Bel-Forest Manor Condominium Association, Inc.		Contact Person: Gina Mistretta
Address: Bldg C, 1750 Belleair Forest Dr		Home Phone:
City: Belleair	Zip: 33756	Work Phone: (727) 726-8000
County: Pinellas		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1979	# of Stories: 2	Email: gmistretta@ameritechmail.com

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				[]
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]
[] 5. Membrane				[]
[X] 6. Other Spray Polyurethane foam	11-19-2013		2013	[]

[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?

[X] 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

***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.**

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 182 psf.

[] D. Reinforced Concrete Roof Deck.
[] E. Other:
[] F. Unknown or unidentified.
[] G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

[X] A. Toe 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
[X] Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

[]Secured to truss/rafter with a minimum of three (3) nails, **and**
[]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 **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.

[] B. Clips

[] Metal connectors that do not wrap over the top of the truss/rafter, **or**
[] 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. Single 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.

[] D. Double Wraps

[] 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.

[] E. Structural Anchor bolts structurally connected or reinforced concrete roof.
[] F. Other:
[] G. Unknown or unidentified
[] H. No attic access

5. **Roof Geometry:** 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 structure 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:
[X] 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
[] C. Other Roof	Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

[] A. SWR (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.
[X] B. No SWR.
[] C. Unknown or undetermined.

Inspectors Initials **Property Address** Bldg C, 1750 Belleair Forest Dr, Belleair

***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.

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	X		X
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	

[] **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

[] **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 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** Bldg C, 1750 Belleair Forest Dr, Belleair

***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.**

[] **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" 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 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 Level X in the table above

[X] **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. ***Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.***		
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 who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☒ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, John Felten am a qualified inspector and I personally performed the inspection or (*licensed contractors and professional engineers only*) I had my employee (Joshua Pierson) perform the inspection and I agree to be responsible for his/her work.

Qualified Inspector Signature:  **Date: 07-15-2024**

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:** _____

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.

Inspectors Initials  **Property Address** Bldg C, 1750 Belleair Forest Dr, Belleair

***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.**

FELTEN PROPERTY ASSESSMENT TEAM

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION

Windstorm Mitigation Report (OIR-B1-1802)

Bel-Forest Manor Condominium Association, Inc.

Bldg D, 1753 Belleair Forest Dr

Belleair, FL 33756

Prepared Exclusively for Bel-Forest Manor Condominium Association, Inc.

As of 07-15-2024 | FPAT File# MUD2422851

Felten Property Assessment Team

866.568.7853 | www.fpat.com

RECAPITULATION OF MITIGATION FEATURES
For Bldg D, 1753 Belleair Forest Dr

1. **Building Code:** **Unknown or does not meet the requirements of Answer A or B**
   Comments: The year of construction was verified as 1982 per Pinellas County Property Appraiser.

2. **Roof Covering:** **FBC Equivalent**
   Comments: The roof covering was replaced in 2013 and refurbished in 2024. The roof permit was confirmed and the permit number is #1116. This roof was verified as meeting the building code requirements outlined on the mitigation affidavit.

3. **Roof Deck Attachment:** **Level A**
   Comments: Inspection verified 32/16" plywood roof deck attached with staples at a minimum of 6" on the edge & 12" in the field.

4. **Roof to Wall Attachment:** **Toe Nails**
   Comments: Inspection verified embedded straps fastened with a minimum of two nails.

5. **Roof Geometry:** **Flat Roof**
   Comments: Inspection verified a flat roof shape.

6. **SWR:** **No**
   Comments: No SWR verified at time of inspection.

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

Roof Construction

Roof Construction

Roof Construction

Roof Construction

Roof Construction

Roof Construction

RS Martin Roofing Inc.

7000 Bryan Dairy Rd., Suite A-13
Largo, FL 33777
Phone: (727) 395-9493

We Sell ENERGY STAR

Email: Rsmartinroofing@aol.com
State Lic. # CCC1329879

INVOICE

DATE: March 12, 2024 INVOICE NO.: 2745

TO: Mr. Ron Robertson
Bel Forest Manor
1750 Belleair Forest Drive
Belleair Fl. 33750

COMPLETION DATE: 3/12/2024

RE: Refurbish Existing SPF (Sprayed Polyurethane Foam) Roofing System at Bel Forest Manor 1750 Belleair Forest Drive Buildings A-F

REQUEST FOR PAYMENT	
REQUEST #2	IN THE AMOUNT OF $ 59,209.20
Original Contract Sum	$ 98,682.00
Additional Charges: Permit Fees	$ 0.00
NOC Recording Fees	$ 0.00
Total Contract to Date	$ 98,682.00
Less Previous Payment	$ 39,472.80
Amount of Billing Request	$ 59,209.20
Balance Due After Receipt	$ 00.00

We trust you will handle this request promptly. As always, please consider us at your immediate service and attention.

Sincerely,

Randall S. Martin
RSM:rsm

Supporting Documentation

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 07-15-2024		
Owner Information		
Owner Name: Bel-Forest Manor Condominium Association, Inc.		Contact Person: Gina Mistretta
Address: Bldg D, 1753 Belleair Forest Dr		Home Phone:
City: Belleair	Zip: 33756	Work Phone: (727) 726-8000
County: Pinellas		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1982	# of Stories: 2	Email: gmistretta@ameritechmail.com

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				[]
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]
[] 5. Membrane				[]
[X] 6. Other Spray Polyurethane foam	11-19-2013		2013	[]

[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?

[X] 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** Bldg D, 1753 Belleair Forest Dr, Belleair

***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.**

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 182 psf.

[] D. Reinforced Concrete Roof Deck.
[] E. Other:
[] F. Unknown or unidentified.
[] G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

[X] A. Toe 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
[X] Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

[]Secured to truss/rafter with a minimum of three (3) nails, **and**
[]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 **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.

[] B. Clips

[] Metal connectors that do not wrap over the top of the truss/rafter, **or**
[] 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. Single 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.

[] D. Double Wraps

[] 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.

[] E. Structural Anchor bolts structurally connected or reinforced concrete roof.
[] F. Other:
[] G. Unknown or unidentified
[] H. No attic access

5. **Roof Geometry:** 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 structure 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:
[X] 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
[] C. Other Roof	Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

[] A. SWR (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.
[X] B. No SWR.
[] C. Unknown or undetermined.

Inspectors Initials **Property Address** Bldg D, 1753 Belleair Forest Dr, Belleair

***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.

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	X		X
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	

[] **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

[] **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 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** Bldg D, 1753 Belleair Forest Dr, Belleair

***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.**

[] **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" 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 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 Level X in the table above

[X] **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. ***Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.***		
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 who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☒ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, John Felten am a qualified inspector and I personally performed the inspection or (*licensed contractors and professional engineers only*) I had my employee (Joshua Pierson) perform the inspection and I agree to be responsible for his/her work.

Qualified Inspector Signature:  **Date: 07-15-2024**

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:** _____

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.

Inspectors Initials  **Property Address** Bldg D, 1753 Belleair Forest Dr, Belleair

***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.**

FELTEN PROPERTY ASSESSMENT TEAM

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION

Windstorm Mitigation Report (OIR-B1-1802)

Bel-Forest Manor Condominium Association, Inc.

Bldg E, 1753 Belleair Forest Dr

Belleair, FL 33756

Prepared Exclusively for Bel-Forest Manor Condominium Association, Inc.

As of 07-15-2024 | FPAT File# MUD2422851

Felten Property Assessment Team

866.568.7853 | www.fpat.com

RECAPITULATION OF MITIGATION FEATURES
For Bldg E, 1753 Belleair Forest Dr

1. **Building Code:** **Unknown or does not meet the requirements of Answer A or B**
   Comments: The year of construction was verified as 1982 per Pinellas County Property Appraiser.

2. **Roof Covering:** **FBC Equivalent**
   Comments: The roof covering was replaced in 2013 and refurbished in 2024. The roof permit was confirmed and the permit number is #1116. This roof was verified as meeting the building code requirements outlined on the mitigation affidavit.

3. **Roof Deck Attachment:** **Level A**
   Comments: Inspection verified 32/16" plywood roof deck attached with staples at a minimum of 6" on the edge & 12" in the field.

4. **Roof to Wall Attachment:** **Toe Nails**
   Comments: Inspection verified embedded straps fastened with a minimum of two nails.

5. **Roof Geometry:** **Flat Roof**
   Comments: Inspection verified a flat roof shape.

6. **SWR:** **No**
   Comments: No SWR verified at time of inspection.

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

Roof Construction

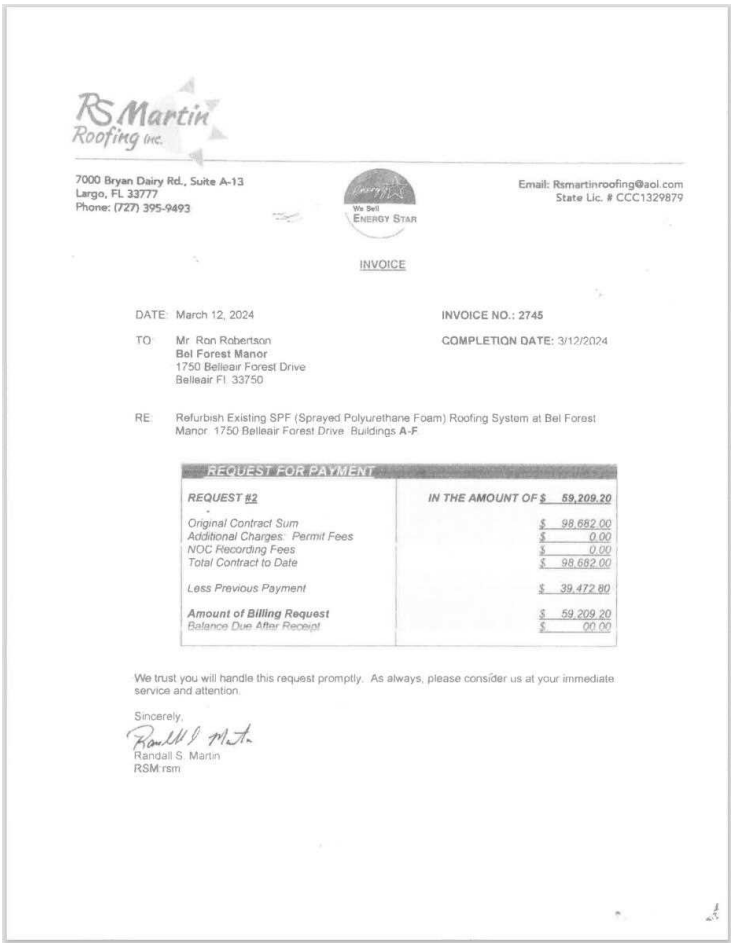
Roof Construction

Roof Construction

Roof Construction

Roof Construction

Roof Construction



RS Martin Roofing Inc.

7000 Bryan Dairy Rd., Suite A-13
Largo, FL 33777
Phone: (727) 395-9493

We Sell ENERGY STAR

Email: Rsmartinroofing@aol.com
State Lic. # CCC1329879

INVOICE

DATE: March 12, 2024 — INVOICE NO.: 2745

TO: Mr. Ron Robertson
Bel Forest Manor
1750 Belleair Forest Drive
Belleair Fl. 33750

COMPLETION DATE: 3/12/2024

RE: Refurbish Existing SPF (Sprayed Polyurethane Foam) Roofing System at Bel Forest Manor 1750 Belleair Forest Drive Buildings A-F

REQUEST FOR PAYMENT	
REQUEST #2	IN THE AMOUNT OF $ 59,209.20
Original Contract Sum	$ 98,682.00
Additional Charges: Permit Fees	$ 0.00
NOC Recording Fees	$ 0.00
Total Contract to Date	$ 98,682.00
Less Previous Payment	$ 39,472.80
Amount of Billing Request	$ 59,209.20
Balance Due After Receipt	$ 00.00

We trust you will handle this request promptly. As always, please consider us at your immediate service and attention.

Sincerely,

Randall S. Martin
RSM:rsm

Supporting Documentation

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 07-15-2024		
Owner Information		
Owner Name: Bel-Forest Manor Condominium Association, Inc.		Contact Person: Gina Mistretta
Address: Bldg E, 1753 Belleair Forest Dr		Home Phone:
City: Belleair	Zip: 33756	Work Phone: (727) 726-8000
County: Pinellas		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1982	# of Stories: 2	Email: gmistretta@ameritechmail.com

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				[]
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]
[] 5. Membrane				[]
[X] 6. Other Spray Polyurethane foam	11-19-2013		2013	[]

[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?

[X] 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** Bldg E, 1753 Belleair Forest Dr, Belleair

***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.**

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 182 psf.

[] D. Reinforced Concrete Roof Deck.
[] E. Other:
[] F. Unknown or unidentified.
[] G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

[X] A. Toe 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
[X] Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

[]Secured to truss/rafter with a minimum of three (3) nails, **and**
[]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 **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.

[] B. Clips

[] Metal connectors that do not wrap over the top of the truss/rafter, **or**
[] 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. Single 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.

[] D. Double Wraps

[] 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.

[] E. Structural Anchor bolts structurally connected or reinforced concrete roof.
[] F. Other:
[] G. Unknown or unidentified
[] H. No attic access

5. **Roof Geometry:** 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 structure 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:
[X] 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
[] C. Other Roof	Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

[] A. SWR (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.
[X] B. No SWR.
[] C. Unknown or undetermined.

Inspectors Initials **Property Address** Bldg E, 1753 Belleair Forest Dr, Belleair

***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.

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	X		X
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	

[] **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

[] **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 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** Bldg E, 1753 Belleair Forest Dr, Belleair

***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.**

[] **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" 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 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 Level X in the table above

[X] **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. ***Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.***		
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 who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☒ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, John Felten am a qualified inspector and I personally performed the inspection or (*licensed contractors and professional engineers only*) I had my employee (Joshua Pierson) perform the inspection and I agree to be responsible for his/her work.

Qualified Inspector Signature:  **Date: 07-15-2024**

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:** _____

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.

Inspectors Initials  **Property Address** Bldg E, 1753 Belleair Forest Dr, Belleair

***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.**

FELTEN PROPERTY ASSESSMENT TEAM

RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION

Windstorm Mitigation Report (OIR-B1-1802)

Bel-Forest Manor Condominium Association, Inc.

Bldg F, 1753 Belleair Forest Dr

Belleair, FL 33756

Prepared Exclusively for Bel-Forest Manor Condominium Association, Inc.

As of 07-15-2024 | FPAT File# MUD2422851

Felten Property Assessment Team

866.568.7853 | www.fpat.com

RECAPITULATION OF MITIGATION FEATURES
For Bldg F, 1753 Belleair Forest Dr

1. **Building Code:** **Unknown or does not meet the requirements of Answer A or B**
   Comments: The year of construction was verified as 1982 per Pinellas County Property Appraiser.

2. **Roof Covering:** **FBC Equivalent**
   Comments: The roof covering was replaced in 2013 and refurbished in 2024. The roof permit was confirmed and the permit number is #1116. This roof was verified as meeting the building code requirements outlined on the mitigation affidavit.

3. **Roof Deck Attachment:** **Level A**
   Comments: Inspection verified 32/16" plywood roof deck attached with staples at a minimum of 6" on the edge & 12" in the field.

4. **Roof to Wall Attachment:** **Toe Nails**
   Comments: Inspection verified embedded straps fastened with a minimum of two nails.

5. **Roof Geometry:** **Flat Roof**
   Comments: Inspection verified a flat roof shape.

6. **SWR:** **No**
   Comments: No SWR verified at time of inspection.

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

Roof Construction

Roof Construction

Roof Construction

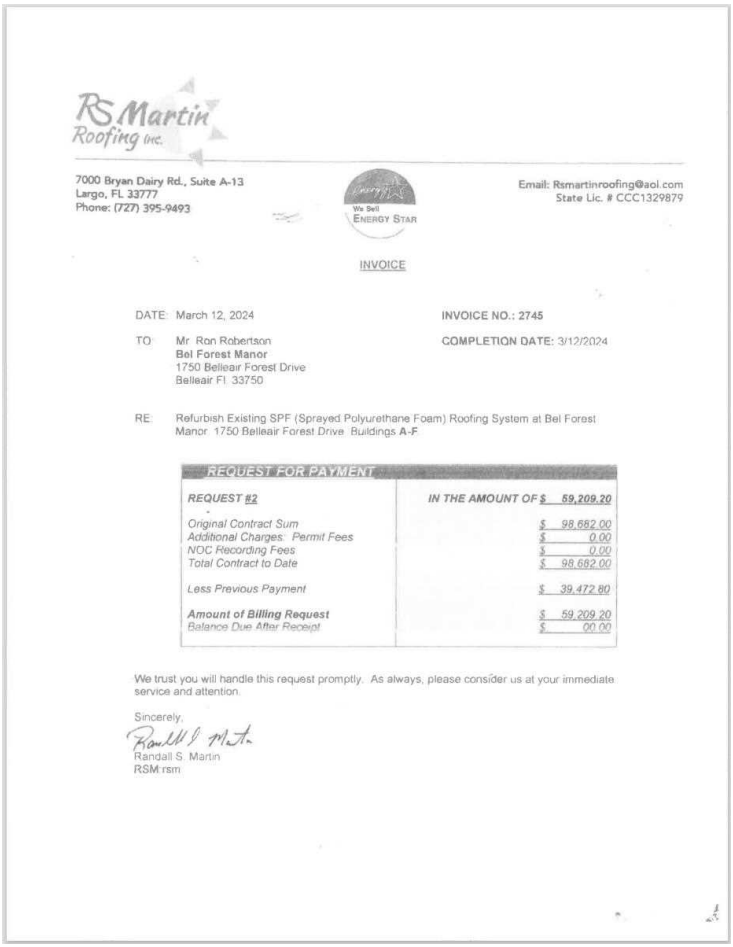
Roof Construction

Roof Construction

Roof Construction

Roof Construction

Supporting Documentation



RS Martin Roofing Inc.

7000 Bryan Dairy Rd., Suite A-13
Largo, FL 33777
Phone: (727) 395-9493

We Sell ENERGY STAR

Email: Rsmartinroofing@aol.com
State Lic. # CCC1329879

INVOICE

DATE: March 12, 2024

INVOICE NO.: 2745

TO: Mr. Ron Robertson
Bel Forest Manor
1750 Belleair Forest Drive
Belleair Fl. 33750

COMPLETION DATE: 3/12/2024

RE: Refurbish Existing SPF (Sprayed Polyurethane Foam) Roofing System at Bel Forest Manor 1750 Belleair Forest Drive Buildings A-F

REQUEST FOR PAYMENT

REQUEST #2	***IN THE AMOUNT OF $ 59,209.20***
Original Contract Sum	*$ 98,682.00*
Additional Charges: Permit Fees	*$ 0.00*
NOC Recording Fees	*$ 0.00*
Total Contract to Date	*$ 98,682.00*
Less Previous Payment	*$ 39,472.80*
Amount of Billing Request	*$ 59,209.20*
Balance Due After Receipt	*$ 00.00*

We trust you will handle this request promptly. As always, please consider us at your immediate service and attention.

Sincerely,

Randall S. Martin
RSM:rsm

Uniform Mitigation Verification Inspection Form

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

Inspection Date: 07-15-2024		
Owner Information		
Owner Name: Bel-Forest Manor Condominium Association, Inc.		Contact Person: Gina Mistretta
Address: Bldg F, 1753 Belleair Forest Dr		Home Phone:
City: Belleair	Zip: 33756	Work Phone: (727) 726-8000
County: Pinellas		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1982	# of Stories: 2	Email: gmistretta@ameritechmail.com

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				[]
[] 2. Concrete/Clay Tile				[]
[] 3. Metal				[]
[] 4. Built Up				[]
[] 5. Membrane				[]
[X] 6. Other Spray Polyurethane foam	11-19-2013		2013	[]

[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?

[X] 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

***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.**

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

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 182 psf.

[] D. Reinforced Concrete Roof Deck.
[] E. Other:
[] F. Unknown or unidentified.
[] G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

[X] A. Toe 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
[X] Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

[]Secured to truss/rafter with a minimum of three (3) nails, **and**
[]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 **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.

[] B. Clips

[] Metal connectors that do not wrap over the top of the truss/rafter, **or**
[] 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. Single 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.

[] D. Double Wraps

[] 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.

[] E. Structural Anchor bolts structurally connected or reinforced concrete roof.
[] F. Other:
[] G. Unknown or unidentified
[] H. No attic access

5. **Roof Geometry:** 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 structure 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:
[X] 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
[] C. Other Roof	Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

[] A. SWR (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.
[X] B. No SWR.
[] C. Unknown or undetermined.

Inspectors Initials **Property Address** Bldg F, 1753 Belleair Forest Dr, Belleair

***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.

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	X		X
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	

[] **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

[] **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 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** Bldg F, 1753 Belleair Forest Dr, Belleair

***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.**

[] **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" 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 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 Level X in the table above

[X] **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. ***Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.***		
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 who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☒ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, John Felten am a qualified inspector and I personally performed the inspection or (*licensed contractors and professional engineers only*) I had my employee (Joshua Pierson) perform the inspection and I agree to be responsible for his/her work.

Qualified Inspector Signature:  **Date: 07-15-2024**

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:** _____

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.

Inspectors Initials  **Property Address** Bldg F, 1753 Belleair Forest Dr, Belleair

***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.**