

Wind Mitigation Report 744 Landover Circle Naples, FL



Prepared for:

Newcastle Condominium Association, Inc.

EB#32565

ORCOofNaples@gmail.com Telephone: 239.228.7742

C/O Vesta Property Management 12250 Tamiami Trail East, #207

Naples, FL 34113

May 15, 2020

Uniform Mitigation Verification Inspection Form

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

	Information				
Owner	Name: Newcastle Condo Ass	sociation C/O Vesta			se Kosmala. CAM
Addres	ss: 744 Landover Circle	40		Home Phone:	
City: N	aples	Zip: 34104		Work Phone: 239-74	17-7227
County	/: Collier			Cell Phone:	
Insurar	ice Company: NA			Policy #:	
Year o	f Home: 1991	# of Stories: 2		Email: dkosmala@ves	tapropertyservices.com
accom	: Any documentation used pany this form. At least on 17. The insurer may ask ac	e photograph must acc	ompany this form to valid	date each attribute marke	ed in questions 3
	ilding Code: Was the structo HVHZ (Miami-Dade or Bro				R for homes located in
	A. Built in compliance with a date after 3/1/2002: Build	ing Permit Application D	Date (MM-DD/YYYY)//		
	B. For the HVHZ Only: But provide a permit application				
×	C. Unknown or does not me	et the requirements of A	nswer "A" or "B"		
OR	of Covering: Select all roof Year of Original Installation vering identified.				
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	Provided for Cumpliance
	Asphalt/Fiberglass Shingle	03/26/2020	FL 10124-R25	2020	
	2 Concrete/Clay Tite				
	☐ 3 Metal				
	4 Built Up				
	5 Membrane				
	6 Other			-	
×	A. All roof coverings listed installation OR have a roofi	ng permit application da	te on or after 3/1/02 OR th	e roof is original and built	in 2004 or later.
	B. All roof coverings have a roofing permit application a	fter 9/1/1994 and before	3/1/2002 OR the roof is or	riginal and built in 1997 or	
	C. One or more roof covering			"B".	
	D. No roof coverings meet	the requirements of Answ	ver "A" or "B".		
3. Ro	of Deck Attachment: What	is the <u>weakest</u> form of ro	oof deck attachment?		
	A. Plywood/Oriented strand by staples or 6d nails space shinglesOR- Any system mean uplift less than that re	ed at 6" along the edge a of screws, nails, adhesiv	and 12" in the fieldOR- es, other deck fastening sy	Batten decking supporting	wood shakes or wood
	B. Plywood/OSB roof shea 24"inches o.c.) by 8d commother deck fastening system maximum of 12 inches in the	non nails spaced a maxin n or truss/rafter spacing	num of 12" inches in the fi that is shown to have an e	ieldOR- Any system of so equivalent or greater resist	rews, nails, adhesives,
×	C. Plywood/OSB roof sheat 24"inches o.c.) by 8d commodecking with a minimum of Any system of screws, nail	non nails spaced a maxing 2 nails per board (or 1 or s, adhesives, other deck	num of 6" inches in the fig nail per board if each boar fastening system or truss/r	eldOR- Dimensional lum d is equal to or less than 6	ber/Tongue & Groove inches in width)OR-
Inspec	ctors Initials <u>CPE</u> Property	Address 744 Landove	er Circle, Naples FL		<u> </u>
	verification form is valid fo 31-1802 (Rev. 01/12) Adopto				e structure.

Inspection Date: 5/15/2020

			greater res 2 psf.	stance than 8d common nails spaced a maximum of 6 inches in the field	l or has a mean uplift resistance of at least
			•	d Concrete Root Deck.	
				or unidentified.	
		G.	No attic a	ccess.	
4.	Roo 5 fe	et c	o Wall Att of the inside Toe Nails	achment: What is the WEAKEST roof to wall connection? (Do not incle or outside corner of the roof in determination of WEAKEST type)	ude attachment of hip/valley jacks within
				Truss/rafter anchored to top plate of wall using nails driven at an ang the top plate of the wall, or	le through the truss/rafter and attached to
				Metal connectors that do not meet the minimal conditions or requirement	nts of B, C, or D
	Mir	ıim	al conditio	ns to qualify for categories B, C, or D. All visible metal connectors a	re:
			T	Secured to truss/rafter with a minimum of three (3) nails, and	
			П	Attached to the wall top plate of the wall framing, or embedded in the b the blocking or truss/rafter and blocked no more than 1.5" of the truss/racorrosion.	
		В.	Clips		
				Metal connectors that do not wrap over the top of the truss/rafter, or	the towards Assessed does not most the poil
				Metal connectors with a minimum of 1 strap that wraps over the top of position requirements of C or D, but is secured with a minimum of 3 na	
	X	C.	Single Wi	aps Metal connectors consisting of a single strap that wraps over the top minimum of 2 nails on the front side and a minimum of 1 nail on the op	
		D.	Double W	raps	
			y.	Metal Connectors consisting of 2 separate straps that are attached to the beam, on either side of the truss/rafter where each strap wraps over the a minimum of 2 nails on the front side, and a minimum of 1 nail on the	top of the truss/rafter and is secured with opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of both sides, and is secured to the top plate with a minimum of three nails	
	4		Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.	
		G.	Unknown	or unidentified	
		H.	No attic a	ccess	
5.	the	hos	st structure	What is the roof shape? (Do not consider roofs of porches or carports the over unenclosed space in the determination of roof perimeter or roof area.	a for roof geometry classification).
	X		Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof Total length of non-hip features: 0 feet; Total roof system pe	rimeter: 370 feet
			Flat Roof	less than 2:12. Roof area with slope less than 2:12 sq ft;	
		C.	Other Roo	of Any roof that does not qualify as either (A) or (B) above.	
6.	Sec X	A. B.	SWR (als sheathing dwelling No SWR.		ofing underlayment applied directly to the
	Ell'			or undetermined.	
				PE Property Address 744 Landover Circle Naples, FL	
in	accu	rac	ies found	orm is valid for up to five (5) years provided no material changes hav on the form. 01/12) Adopted by Rule 69O-170.0155	re been made to the structure or Page 2 of 4
J.	-14-I	1	(1267)	onian, randing of seems of a resistant	

7. Opening Protection: What is the weakest form of wind borne debris protection installed on the structure? First, use the table to determine the weakest form of protection for each category of opening. Second, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings and (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

•	ening Protection Level Chart		Glazed O	penings			Glazed enings
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows 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
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance		BEST	u o if h	24		
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
x	No Windborne Debris Protection	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.I 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).

 - 2.2 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 CPE Property Address 744 Landover Circle Naples, FL

*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

		erified shutter systems with no documentation	
	protective coverings not meeting the rec with no documentation of compliance (quirements of Answer "A", "B", or C" or system	ms that appear to meet Answer "A" or "B"
	•	s Level A, B, C, or N in the table above, or no Non-	Clayed openings exist
	· -	lassified as Level D in the table above, and no Non-	
	table above		
	N.3 One or More Non-Glazed openings is		
,	X. None or Some Glazed Openings Or	ne or more Glazed openings classified and Leve	el X in the table above.
		TIONS MUST BE CERTIFIED BY A QUALIF	
		a Statutes, provides a listing of individuals wh	
	lified Inspector Name: istopher Eseppi	License Type: Professional Engineer	License or Certificate #. 84902
	ection Company:		one: 19-228-7742
O	ualified Inspector – I hold an activ	e license as a: (check one)	
Δ.		14, Florida Statutes who has completed the statutory	number of hours of hurricane mitigation
		Licensing Board and completion of a proficiency ex	
	Building code inspector certified under Section	468.607, Florida Statutes.	
	General, building or residential contractor licer	nsed under Section 489.111, Florida Statutes.	
X	Professional engineer licensed under Section 4	71.015, Florida Statutes.	
	Professional architect licensed under Section 4	81.213, Florida Statutes.	
	Any other individual or entity recognized by the verification form pursuant to Section 627.711(e insurer as possessing the necessary qualifications (2), Florida Statutes.	to properly complete a uniform mitigation
exi I, _ cor an Qu An sul	cerience to conduct a mitigation verification christopher Eseppi am a qualication (print name) caractors and professional engineers only) and I agree to be responsible for his/her wo calified Inspector Signature:	I had my employee (ne inspection or (licensed) perform the inspection inspector)
<u>cer</u>	tifies this form shall be directly liable for formed the inspection.	prosecution. (Section 627.711(4)-(7), Florida the misconduct of employees as if the autho	o administrative action by the Statutes) The Qualified Inspector who rized mitigation inspector personally
He res	rtifies this form shall be directly liable for rformed the inspection. omeowner to complete: I certify that the idence identified on this form and that proof	prosecution. (Section 627.711(4)-(7), Florida the misconduct of employees as if the autho named Qualified Inspector or his or her employ f of identification was provided to me or my Au	o administrative action by the Statutes) The Qualified Inspector who rized mitigation inspector personally yee did perform an inspection of the athorized Representative.
He res	tifies this form shall be directly liable for formed the inspection. meowner to complete: I certify that the	prosecution. (Section 627.711(4)-(7), Florida the misconduct of employees as if the autho named Qualified Inspector or his or her employ f of identification was provided to me or my Au	o administrative action by the Statutes) The Qualified Inspector who rized mitigation inspector personally yee did perform an inspection of the athorized Representative.
He res	tifies this form shall be directly liable for formed the inspection. omeowner to complete: I certify that the idence identified on this form and that proof gnature: individual or entity who knowingly prov	prosecution. (Section 627.711(4)-(7), Florida the misconduct of employees as if the autho named Qualified Inspector or his or her employ f of identification was provided to me or my Au Date: ides or utters a false or fraudulent mitigation premium to which the individual or entity i	o administrative action by the Statutes) The Qualified Inspector who rized mitigation inspector personally yee did perform an inspection of the athorized Representative.
Hores Sig	tifies this form shall be directly liable for formed the inspection. omeowner to complete: I certify that the idence identified on this form and that proof gnature: individual or entity who knowingly proviain or receive a discount on an insurance the first degree. (Section 627.711(7), Floridation.	prosecution. (Section 627.711(4)-(7), Florida the misconduct of employees as if the autho named Qualified Inspector or his or her employ f of identification was provided to me or my Au Date: ides or utters a false or fraudulent mitigation premium to which the individual or entity i	o administrative action by the Statutes) The Qualified Inspector who rized mitigation inspector personally yee did perform an inspection of the athorized Representative. In verification form with the intent to a not entitled commits a misdemeanor
Hores Sig	tifies this form shall be directly liable for formed the inspection. omeowner to complete: I certify that the idence identified on this form and that proof gnature: individual or entity who knowingly proviain or receive a discount on an insurance the first degree. (Section 627.711(7), Florie definitions on this form are for inspection.	prosecution. (Section 627.711(4)-(7), Florida the misconduct of employees as if the autho named Qualified Inspector or his or her employ f of identification was provided to me or my At	o administrative action by the Statutes) The Qualified Inspector who rized mitigation inspector personally yee did perform an inspection of the athorized Representative. In verification form with the intent to a not entitled commits a misdemeanor
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Hores Sig	rifies this form shall be directly liable for formed the inspection. Independent to complete: I certify that the idence identified on this form and that proof gnature: Individual or entity who knowingly proviation or receive a discount on an insurance the first degree. (Section 627.711(7), Florie definitions on this form are for inspection from hurricanes. Spectors Initials CPE Property Address	prosecution. (Section 627.711(4)-(7), Florida the misconduct of employees as if the autho named Qualified Inspector or his or her employ f of identification was provided to me or my Au	o administrative action by the Statutes) The Qualified Inspector who rized mitigation inspector personally yee did perform an inspection of the athorized Representative. In verification form with the intent to a not entitled commits a misdemeanor ify any product or construction feature



Front Elevation

Front Elevation



Side Elevation



Side Elevation



Rear Elevation

From April 1, 220 until June 1, 2020, the complete Newcastle Condominium complex underwent a complete reroof project. The entire roof and underlayment were removed. Roof to wall attachments were exposed by removing the plywood and inspected. The truss strapping was inspected and reinforced by adding additional nails or Simpson HGAM Gusset angles where required. Damaged plywood was removed and replaced and all plywood was back nailed using 8d ring shank nails at 6" on center. The new peel & stick underlayment was installed and 30-year asphalt shingles applied using 6 nails. This reroof process was observed and monitored by ORCO's structural engineer.





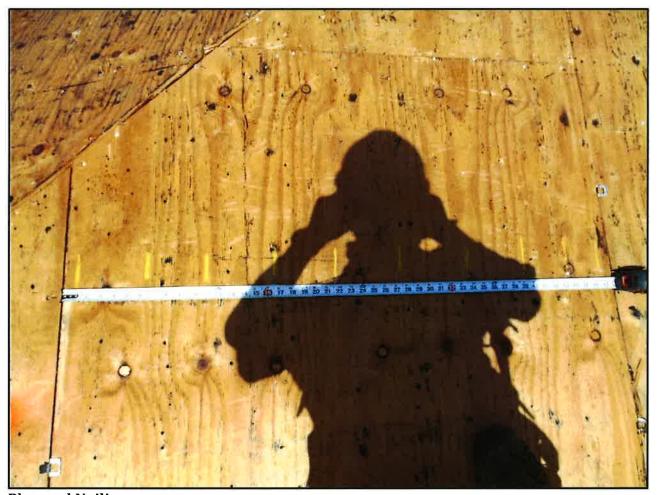
Truss Strapping

Double Truss Connection





Truss to Wall Reinforcement



Plywood Nailing







Plywood





Underlayment





Asphalt Shingles

Shingle Nails



Shingle Nailing

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