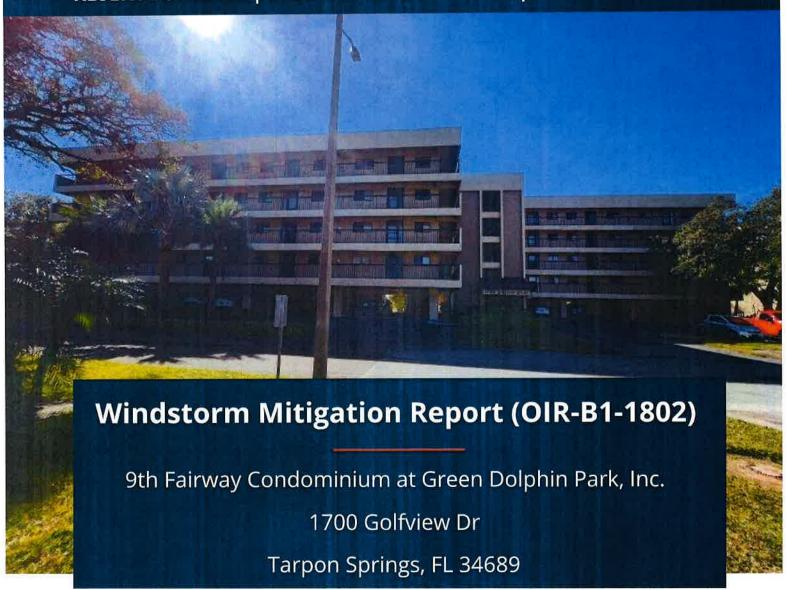


RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION



Prepared Exclusively for 9th Fairway Condominium at Green Dolphin Park, Inc.

As of 01-30-2025 | FPAT File# MUD2524210

Felten Property Assessment Team

866.568.7853 | www.fpat.com



RECAPITULATION OF MITIGATION FEATURES For 1700 Golfview Dr

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

Comments: The year of construction was verified as 1983 per Pinellas County

Property Appraiser.

2. Roof Covering: FBC Equivalent

Comments: The roof covering was replaced in 2024. The roof permit was

confirmed and the permit number is 24-572. This roof was verified as meeting the building code requirements outlined on the mitigation

affidavit.

3. Roof Deck Attachment: Reinforced Concrete Roof Deck

Comments: Inspection verified a roof structure composed of pre-cast structural

concrete designed to be self supporting and integrally attached to

the wall / support system.

4. Roof to Wall Structural

Attachment:

Comments: Inspection verified a roof structure composed of pre-cast structural

concrete designed to be self supporting and integrally attached to

the wall / support system.

5. Roof Geometry: Flat Roof

Comments: Inspection verified a flat roof shape.

6. SWR: No

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

7. Opening Protection: None or Some Glazed Openings

Comments: No opening protection verified at time of inspection.

Address Verification

Exterior Elevation

Exterior Elevation









Exterior Elevation

ADERHOLD ROOFING CORPORATION

General Contractor:

Roof Permit Information



Roof Construction

Roof Construction







Roof Construction

Roof Construction

FPAT File #MUD2524210

Roof Construction



Uniform Mitigation Verification Inspection Form

Inspection Date: 01-30-2025		ith the insurance policy	
Owner Information	Colonia Dalakia Dalakia	Contact Person: S	cott Vignery
Owner Name: 9th Fairway Condon	ninium at Green Dolphin Park, Inc.	Home Phone:	cott vignery
Address: 1700 Golfview Dr	7: 24600		7) 726 9000
City: Tarpon Springs	Zip: 34689	Work Phone: (72	7) 726-8000
County: Pinellas		Cell Phone:	
Insurance Company:		Policy #:	1 1
Year of Home: 1983	# of Stories: 5	Email: svignery@	Dameritechmail.com
accompany this form. At least one though 7. The insurer may ask add 1. Building Code: Was the structure	n validating the compliance or existence photograph must accompany this form litional questions regarding the mitigate built in compliance with the Florida Bu	n to validate each attribute mated feature(s) verified on this ilding Code (FBC 2001 or later	arked in questions 3 form.
 [] A. Built in compliance with the FE 3/1/2002: Building Permit Ap [] B. For the HVHZ Only: Built in comprovide a permit application of [X] C. Unknown or does not meet the 	ompliance with the SFBC-94: Year Built with a date after 9/1/1994: Building Pern e requirements of Answer "A" or "B"	2/2003 provide a permit applica For homes built in 19 it Application Date (MM/DD/YYYY)	994, 1995, and 1996
 Roof Covering: Select all roof co OR Year of Original Installation/I covering identified. 	overing types in use. Provide the permit a Replacement OR indicate that no informa	ation was available to verify con	npliance for each roof
2.1 Roof Covering Type:	Permit Application FBC or MDC Date Product Approval #	Year of Original Installation or Replacement	Provided for Compilance
[] 1. Asphalt/Fiberglass Shingle [] 2. Concrete/Clay Tile [] 3. Metal [] 4. Built Up [X] 5. Membrane [] 6. Other	03-19-2024	2024	0 0 0 0 0
installation OR have a roofin [] B. All roof coverings have a Miar	we meet the FBC with a FBC or Miami-Ing permit application date on or after 3/1 mi-Dade Product Approval listing curren 1994 and before 3/1/2002 OR the roof is	02 OR the roof is original and at time of installation OR (for	built in 2004 or later. the HVHZ only) a roofing
[] C. One or more roof coverings do [] D. No roof coverings meet the rec	not meet the requirements of Answer "A	a" or "B".	er.

Inspectors Initials Property Address 1700 Golfview Dr., Tarpon Springs

^{*}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.

	er 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. [X1 D Reinford	red Concrete Roof Deck.
[] E. Other:	
[] F. Unknown	or unidentified.
[] G. No attic ac	ccess.
4. Roof to Wall 5 feet of the i	Attachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within nside or outside corner of the roof in determination of WEAKEST type)
[] 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
	[] Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
Minimal con	ditions 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
m ou	blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
[] B. Clips	ELDA 4.1
	[] 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 Wr	
[] C. Single Wi	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 W	/raps
CJ .	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.
	al Anchor bolts structurally connected or reinforced concrete roof.
[] F. Other:	
[] G. Unknown	
[] H. No attic a	ccess
5 B 66	1. It is the following of the second of the second of the second of the second of the following or well of
5. Roof Geome	etry: 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 struc	cture 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 Roo	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 Roc	Any roof that does not qualify as either (A) or (B) above.
6 Secondary V	Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
	o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the
	ng or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling
	ater intrusion in the event of roof covering loss.
[X] B. No SWF	
	or undetermined.
L J	

Inspectors Initials Property Address 1700 Golfview Dr. Tarpon Springs

^{*}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.			Non-Glazed Openings				
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		X	X	Χ		X
Α	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						
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	Х				Х	

- [] 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
 - C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with plywood/OSE 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 1700 Golfview Dr., Tarpon Springs

^{*}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.

ED	ΔТ	File	#MI	ID2	52	421	O
ГГ	A I	rne	## IVI V	104	-	T & J	v

N. Exterior Opening Protection (unverified shutter systematics) protective coverings not meeting the requirements of "B" with no documentation of compliance (Level N in	Answer "A", "B", or C or	on) All or systems	Glazed openings are protected with that appear to meet Answer "A" or
N.1 All Non-Glazed openings classified as Level A, B, C, or		on-Glazed	openings exist
N.2 One or More Non-Glazed openings classified as Level D	in the table above, and no No	n-Glazed	openings classified as Level X in the
table above N.3 One or More Non-Glazed openings is classified as Level	Y in the table above		
[X] X. None or Some Glazed Openings One or more Glazed G	menings classified and Lev	rel X in th	ne table above.
[X] A. None of Some Grazed Openings One of more Grazed C			
MITIGATION INSPECTIONS MUST B. Section 627.711(2), Florida Statutes, provi	E CERTIFIED BY A QUAL des a listing of individuals	LIFIED I 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 training approved by the Construction Industry Licensing Board a	who has completed the statut	ory numbe y exam.	er of hours of hurricane mitigation
 □ Building code inspector certified under Section 468.607, Florida S □ General, building or residential contractor licensed under Section 	Statutes. 489.111, Florida Statutes.		
☐ Professional engineer licensed under Section 471.015, Florida Sta			
☐ Professional architect licensed under Section 481.213, Florida Sta	tutes.		10 24 24 2
Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statutes	sing the necessary qualification.	ons to prop	erly complete a uniform mitigation
Individuals other than licensed contractors licensed under S	ection 489.111, Florida S	tatutes, o	b employees or other persons
under Section 471.015, Florida Statues, must inspect the str Licensees under s.471.015 or s.489.111 may authorize a dire	ct employee who possesse	s the rea	uisite skill, knowledge, and
experience to conduct a mitigation verification inspection.			-
I, <u>John Felten</u> am a qualified inspector and I contractors and professional engineers only) I had my emplo and I agree to be responsible for his/her work.	personally performed the yee (<u>Joshua Pierson</u>) per	e inspect form the	ion or (<i>licensed</i> e inspection
R.A.			
Qualified Inspector Signature:Date	e: <u>01-30-2025</u>		
An individual or entity who knowingly or through gross negits subject to investigation by the Florida Division of Insurar appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduct performed the inspection.	ce Fraud and may be sub ection 627.711(4)-(7), Flor	ject to a ida Statu	dministrative action by the ites) The Qualified Inspector who
Homeowner to complete: I certify that the named Qualific residence identified on this form and that proof of identification	ed Inspector or his or her en on was provided to me or m	nployee o	lid perform an inspection of the rized Representative.
Signature:	Date:		
An individual or entity who knowingly provides or utters a obtain or receive a discount on an insurance premium to windemeanor of the first degree. (Section 627.711(7), Flori	vhich the individual or en	gation ve tity is no	rification form with the intent to t entitled commits a
The definitions on this form are for inspection purposes only and cannot b hurricanes.	e used to certify any product or	constructi	on feature as offering protection from

Inspectors Initials Property Address 1700 Golfview Dr., Tarpon Springs

*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



RESERVE STUDIES | INSURANCE APPRAISALS | WIND MITIGATION



Prepared Exclusively for 9th Fairway Condominium at Green Dolphin Park, Inc.

As of 01-30-2025 | FPAT File# MUD2524210

Felten Property Assessment Team

866.568.7853 | www.fpat.com



RECAPITULATION OF MITIGATION FEATURES For 1700 Golfview Dr

1. Roof Covering: FBC Equivalent

Comments: The roof covering was replaced in 2024. The roof permit was

confirmed and the permit number is 24-572. This roof was verified as meeting the building code requirements outlined on the mitigation

affidavit.

2. Roof Deck Attachment: Reinforced Concrete Roof Deck

Comments: Inspection verified a roof structure composed of pre-cast structural

concrete designed to be self supporting and integrally attached to

the wall / support system.

3. SWR: No

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

4. Opening Protection: None or Some Glazed Openings

Comments: No opening protection verified at time of inspection.





Exterior Elevation



Exterior Elevation



Exterior Elevation

Structure Detail

Roof Permit Information

Parcel ID:	132715332850100000	Address:	1700 GOLFVIEW DR
Application Date:	03/19/24	Owner:	9th FAIRWAY CONDOM N UM
Application #:	24 - 572	Application Type:	ROOFING
Valuation:	\$240,000	Square Foolage:	000013500
Tenant Name:		Application Status:	PERMIT PRINTED
fenent Unit Number;		General Contractor:	ADERHOLD ROOFING CORPORATION



Roof Construction



Roof Construction



Roof Construction



Roof Construction



Roof Construction

CITIZENS PROPERTY INSURANCE CORPORATION BUILDING TYPE II AND III MITIGATION INSPECTION FORM

This Mitigation Inspection Form must be completed to capture mitigation features applicable to a Type II (4 to 6 story) or Type III (7 or more story) building. This Inspection Form is required for either residential condominium unit owners or commercial residential applicants requesting mitigation credits in such buildings.

WIND LOSS N	/IITIGA	TION INFORMATION				
PREMISES #:	1	SUBJECT OF INSURANCE: 9th Fairway Condominium at Green Dolphin Park, POLICY #:				
BUILDING#:	1	STREET ADDRESS: 1700 Golfview Dr., Tarpon Springs, FL 34689				
# STORIES:	5	BLDG DESCRIPTION:5-Story Residential Condominium Building				
BUILDING 1	ГҮРЕ:	[X] II (4 to 6 stories) [] III (7 or more stories)				

Terrain Exposure Category must be provided for each insured location.

I hereby certify that the building or unit at the address indicated above **TERRAIN EXPOSURE CATEGORY** as defined under the Florida Building Code is (Check One): **[X] Exposure C** or **[] Exposure B**

Certification below for purposes of TERRAIN EXPOSURE CATEGORY above does not require personal inspection of the premises.

Certification of Wind Speed is required to establish the basic wind speed of the location (Complete for Terrain B only if Year Built On or After Jan. 1, 2002).

I hereby certify that the basic WIND SPEED of the building or unit at the address indicated above based upon county wind speed lines defined under the Florida Building Code (FBC) is (Check One): [] ≥100 or [] ≥110 or [X] ≥120

Certification of Wind Design is required when the buildings is constructed in a manner to exceed the basic wind speed design established for the structure location (Complete for Terrain B only if Year Built On or After Jan.1, 2002).

I hereby certify that the building or unit at the address indicated above is designed and mitigated to the Florida Building Code (FBC) WIND DESIGN of (Check One): [] ≥100 or [] ≥120

Certification for the purpose of establishing the basic WIND SPEED or WIND SPEED DESIGN above does not require personal inspection of the premises.

Specify the type of mitigation device(s) installed:

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photo documenting the existence of each visible and accessible construction or mitigation attribute marked in Sections 1 through 4 must accompany this form.

1. Roof Coverings

Roof Covering Material: TPO

Date of Installation: 2024

Devel A (Non FBC Equivalent) – Type II or III

One or more roof coverings that do not meet the FBC Equivalent definition below.

[X] Level B (FBC Equivalent) - Type II or III

Single-Ply, Modified Bitumen, Sprayed Polyurethane foam, Metal, Tile, Built-up, Asphalt Shingle or Rolled Roofing, or other roof covering membranes/products that at a minimum meet the 2001 or later Florida Building Code or the 1994 South Florida Building Code and have a Miami-Dade NOA or FBC 2001 Product Approval listing that is/was current at the time of installation.

All mechanical equipment must be adequately tied to the roof deck to resist overturning and sliding during high winds. Any flat roof covering with flashing or coping must be mechanically attached to the structure with face fasteners (no clip/cleat systems), and asphalt roof coverings on flat roofs must be 10 years old or less.

^{*}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.

CITIZENS PROPERTY INSURANCE CORPORATION BUILDING TYPE II AND III MITIGATION INSPECTION FORM

2.	Roof Deck Attachment [] No Attic Access
	Devel A – Wood or Other Deck Type II only
	Roof deck composed of sheets of structural panels (plywood or OSB). <i>O</i> r
	Architectural (non-structural) metal panels that require a solid decking to support weight and loads. Or
	Other roof decks that do not meet Levels B or C below.
	Level B – Metal Deck Type II or III
	Metal roof deck made of structural panels fastened to open-web steel bar joists and integrally attached to the wall.
	X Level C – Reinforced Concrete Roof Deck Type, II or III
	A roof structure composed of cast-in-place or pre-cast structural concrete designed to be self-supporting and integrally attached to wall/support system.
3.	Secondary Water Resistance [X] None
	[] Underlayment
	A self-adhering polymer modified bitumen roofing underlayment (thin rubber sheets with peel and stick underside located beneath the roof covering and normal felt underlayment) with a minimum width of 6" meeting the requirements of ASTM D 1970 installed over all plywood/OSB joints to protect from water intrusion. All secondary water resistance products must be installed per the manufacturer's recommendations. Roofing felt or similar paper based products are not acceptable for secondary water resistance.
	[] Foamed Adhesive A foamed polyurethane sheathing adhesive applied over all joints in the roof sheathing to protect interior from water intrusion.
4.	Opening Protection [X] None or Some
	Class A (Hurricane Impact) – All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) less than 30 feet above grade must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the Large Missile (9 lb.) impact requirements of:
	□ SSTD12;
	☐ ASTM E 1886 and ASTM E 1996;
	☐ Miami-Dade PA 201, 202, and 203;
	☐ Florida Building Code TAS 201, 202 and 203.
	All glazed openings less than 30 feet above grade shall meet the Large Missile Test standard referenced above. All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the respective standard. For buildings located in the HVHZ (High Velocity Hurricane Zone) all glazed openings greater than 60 feet above grade must also meet the Small Missile Test of the respective standard.
	[] Class B (Basic Impact) – All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) less than 30 feet above grade must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the Large Missile (4.5 lb.) impact requirements of:
	☐ ASTM E 1886 and ASTM E 1996
	All glazed openings less than 30 feet above grade shall meet the Large Missile Test standard referenced above. All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the respective standard. For buildings located in the HVHZ (High Velocity Hurricane Zone) all glazed openings greater than 60 feet above grade must also meet the Small Missile Test of the respective standard.

^{*}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.

01-30-2025

2/12/2025

Date:

CITIZENS PROPERTY INSURANCE CORPORATION BUILDING TYPE II AND III MITIGATION INSPECTION FORM

CERTIFICATION

Name of Inspector	John Felten	License Type	CBC	License#	CBC1255984	
Name of Company:	Felten Property As	ssessment Team		Phone:	(866)-568-7853	
person or entity.				*		
characteristics exist at premium discount on	the Location Address listed insurance provided by Citiz	ens Properly Insurance	Corporation at	nd for no other p	ifying that certain structural or physed to receive a property insurance purpose. The undersigned does not shall be construed to impose on the other named insured or to any other	
Inspection Form. In m correct.	ny professional opinion, base	d on my knowledge, infol	mation and be	ener, r ceruly that	on date provided on this Mitigation the above statements are true and	
Professional e	ngineer licensed under	Section 471.015, Flor	da Statutes	•		
Professional a	rchitect licensed under	Section 481.213, Flor	ida Statutes	S.		
Building code	inspector certified unde	r Section 468.607, Flo	orida Statut	es.		
General or buil	ding contractor licensed	d under Section 489.1	11, Florida	Statutes.		
I certify that I hold a	an active needs as as (

muchael Elicipios & President to

01-30-2025

Inspection Date:

Applicant/Insured's Signature*:

Signature:

^{*}Applicant /Insured's signature must be from the Board President and another member of the board for condo and homeowner's associations or an officer of the named insured for all other business entities.

[&]quot;Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

^{*}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.