MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM

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MILESTONE INSPECTION REPORT FORM

PHASE 1 Milestone Inspection



| | Responsible for the Milestone Inspection |
|---|---|
| | |
| Inspection Engineer/Architect Name and | d License Number: |
| Address: | |
| Telephone Number: | |
| Assuming Responsibility for: All | Portion - If Portion please list: |
| - | Inspection Completed Date: |
| | licable): |
| Additional Inspection Engineer/Architecture | et Name: |
| Address: | |
| Telephone Number: | |
| Assuming responsibility for: All | Portion – If portion please list: |
| Inspection Commenced Date: | Inspection Completed Date: |
| NOTE: Add pages as required to list al Inspection or portions thereof. | l additional design professionals assuming responsibility for the Milestone |

Please check all that apply: N/A

Substantial Structural Deterioration Observed; Phase 2 inspection is required

Reason to Believe a Dangerous Inaccessible Condition of Major Structural Component; Phase 2 inspection is required to complete Milestone Inspection of Inaccessible Conditions

Potentially Dangerous Condition Observed; Structural Evaluation is required*

*A condition exists that the Milestone Inspector determines would need a Phase 2 Inspection or structural evaluation of the specific item identified or area in order to determine whether a dangerous condition exists.

Dangerous Condition Observed; Notify Building Official; Structural Evaluation is required

See Section 17 for Summary of Findings

| Licensed Design Professional: | Engineer | | Architect | |
|----------------------------------|---|-------------|------------|------|
| Name: | | | | |
| License Number: | | | | |
| | | | | Seal |
| I am qualified to pr | actice in the discipline in which I am here | by signing, | , | |
| Signature: | A. Boumitri | Date | 05/31/2024 | |

This report has been based upon the minimum milestone inspection requirements as listed in *Chapter 18 of the Florida Building Code, Existing Building.* To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the structure, based upon careful evaluation of observed conditions, to the extent reasonably possible.

See: General Considerations & Guideline

| 1. Γ | DESCRIPTION OF STRUCTURE | | | | | |
|------|---|-----------------------|--|--|--|--|
| a. | Name on Title: | | | | | |
| b. | Street Address: | | | | | |
| c. | Legal Description: | | | | | |
| d. | Owner's Name: | | | | | |
| e. | Owner's Mailing Address: | | | | | |
| | | | | | | |
| f. | Email Address: | Contact Number: | | | | |
| g. | Folio Number of Property on Which Building is Located | | | | | |
| h. | Building Code Occupancy Classification: | | | | | |
| i. | Present Use: | | | | | |
| j. | General Description: | Type of Construction: | | | | |
| k. | Square Footage: 1. Total Building Area: | Number of Stories: | | | | |
| | 2. Building Footprint Area: | | | | | |
| 1. | Name of the Condo or Coop Entity: | | | | | |
| m. | Special Features: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| n. | Describe any Additions to Original Structure: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Ο. | Approximate Distance to the Coast and Method Used to | Determine Distance: | | | | |
|] | Not Near Coast. | | | | | |
| | | | | | | |
| | | | | | | |

| eneral Alignme | nt (Note: Go Good | od, Fair, Poor, Fair | Significant - Ex Poor | eplain if significant): Significant | |
|----------------|--------------------------|------------------------------------|--|--|--|
| Bulging: | Good | Fair | Poor | Significant | |
| Bulging: | Good | Fair | Poor | Significant | |
| | | | | | |
| | | | | | |
| | | | | | |
| Settlement: | Good | Fair | Poor | Significant | |
| | | | | | |
| | | | | | |
| Deflections: | Good | Fair | Poor | Significant | |
| | | | | | |
| | | | | | |
| | | | | | |
| Expansion: | Good | Fair | Poor | Significant | |
| | | | | | |
| | | | | | |
| Contraction: | Good | Fair | Poor | Significant | |
| | Deflections: Expansion: | Deflections: Good Expansion: Good | Deflections: Good Fair Expansion: Good Fair | Deflections: Good Fair Poor Expansion: Good Fair Poor | Deflections: Good Fair Poor Significant Expansion: Good Fair Poor Significant |

[2. PRESENT CONDITION OF STRUCTURE CONTINUED]

| c. | Surface Conditions – Describe general conditions of finishes, noting cracking, spalling, peeling, signs of moisture penetration and strains: |
|----|--|
| d. | Cracks – Note location in significant members. Identify crack size as HAIRLINE if Barely Discernible; FINE if less than 1 mm in width; MEDIUM if Between 1mm and 2 mm in Width; WIDE if Over 2mm |
| Lo | cation: Hairline Fine Medium Wide |
| e. | General Extent of Deterioration – Cracking or Spalling Concrete or Masonry, Oxidation of Metals; Rot or Borer Attack in Wood: |
| f. | Note Previous Patching or Repairs: |
| g. | Nature of Present Loading Indicate Residential, Commercial, Other Estimate Magnitude: |
| h. | Are there any other significant observations? Yes No Describe: |

| 3. INSPECTIONS |
|---|
| a. Date of Notice of Required Inspection: |
| b. Date(s) of Actual Inspection: |
| c. Name and Qualifications of the Individual Preparing Report: |
| |
| |
| |
| d. Description of Laboratory or Other Formal Testing, If Required, Rather than Manual or Visual Procedures: |
| |
| |
| |
| Has the property record been researched for any current code violations or unsafe structure cases? |
| Yes No |
| Explanation/Comments: |
| |
| |
| 4. SUPPORTING DATA ATTACHED |
| Check if attached: |
| a. Sheets of written data: Yes No |

| 5. FO | UNDATION | | ★ |
|-------|--|--------|--|
| a. | Describe Building Foundation: | | |
| | | | |
| | | | |
| b. | Is Wood in Contact or Near Soil? | Yes | No |
| | | | |
| c. | Signs of Differential Settlement? | Yes | No |
| | If Yes, Explain: | | |
| | | | |
| | | | |
| | | | |
| d. | Describe Any Cracks, Separation, or Other Signs in the | Walls, | Column or Beams that Signal Differential |
| | Settlement: | | Ü |
| | | | |
| | | | |
| | | | |
| | | | |
| e. | Is water drained away from the foundation? | | |
| | If No, Explain: | Yes | No |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| f. | Is there additional Sub-Soil Investigation required? | Yes | No |
| | If Yes, Describe: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 6. | | | | | Good, Fair, Poor, or Significant on Appropriate Lines in section 19) |
|----|-------------|------------------|------------|------------|--|
| | a. Concre | ete Masonr | y Units: | | |
| | Good | Fair | Poor | Signifi | icant |
| | b. Clay Ti | ile or Cotta | a Units: | | |
| | Good | Fair | Poor | Signifi | icant |
| | c. Reinfo | rced concr | ete tie Co | lumns: | |
| | Good | Fair | Poor | Signifi | icant |
| | d. Reinfo | rced Conc | rete Tie B | eams: | |
| | Good | Fair | Poor | Signifi | icant |
| | e. Lintel: | | | | |
| | Good | Fair | Poor | Signifi | icant |
| | f. Other | Type Bond | d Beams: | | |
| | Good | Fair | Poor | Signifi | icant |
| | g. Masonry | y Finishes - | – Exterio | r: | |
| | 1. Stu | .cco: | | | |
| | (| Good | Fair | Poor | Significant |
| | | neer: | | | |
| | (| Good | Fair | Poor | Significant |
| | | nt Only: Good | Fair | Poor | Significant |
| | | | 1 an | 1 001 | ogimicant |
| | 4. Otl | her: Good | Fair | Poor | Significant |
| | Explain: | | | | |
| | N/A | | | | |
| | | | | | |
| | h. Cracks - | – Note Bez | ams. Colu | mns, or Ot | thers, Including Locations (Description): |
| | | | , | , 0. | (= 0.00-1-0.00) |
| | | | | | |
| | | | | | |
| | | | | | |

i. Spalling – In Beams, Columns, or Others, Including Locations (Description): j. Rebar Corrosion – Check Appropriate Line: 1. None Visible 2. Minor – Patching will suffice 3. Significant – Patching will suffice 4. Significant – Structural repairs required Describe:

- 1. No
- 2. Yes Describe color, texture, aggregate, general quality:

| 7. FLOOR AND ROOF SYSTEM | * | _ |
|--|-----------------------|---|
| a. Roof: | | |
| 1) Roof Pitch | | |
| Flat | | |
| Pitched | | |
| 2) Roof Structural Framing Wood | | |
| Steel | | |
| Concrete Unknown | | |
| Other | | |
| If Other, Describe: | | |
| | | |
| 2) P (C) 1E (C I'' | | |
| 3) Roof Structural Framing Condition: | | |
| Good Fair Poor Significant | | |
| 4) Roof Deck Material | | |
| Concrete | Bare steel deck | |
| Wood | Other | |
| Structural concrete on steel decl | k | |
| Non-structural / insulating cond on steel deck | crete | |
| Describe: | | |
| N/A | | |
| | | |
| 5) Roof Cladding Type | | |
| Tile | Single ply (Membrane) | |
| Asphalt shingles | Metal | |
| Built-up roofing (BUR) | Other | |
| | | |
| | | |
| | | |

| [/. FLC | | | | M CONTINUED] |
|---------|-------------------|------------------|-------------------|---|
| 6) | Roof Co | overing (| Condition | |
| | Good | Fair | Poor | Significant |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7) | | | | ng Towers, Air Conditioning Equipment, Signs, Other Heavy Equipment and |
| | Conditi | on of Su | pport: | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 8) | Note T | vnes of I | Drains, Sci | appers, and Condition: |
| 9) | |) P • • • | , | rrr, and designation. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 9) | Describ | e Parape | t Constru | ction and Current Condition: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1.0 | \ D '1 | M | 1.0 | |
| |) Describ Good | e Mansa: Fair | ra Constr Poor | uction and Current Condition: Significant |
| | Good | i aii | 1 001 | oigililicant |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[7. FLOOR AND ROOF SYSTEM CONTINUED]

| 11) Describe Any Roofing Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection: |
|--|
| 12) Note Any Expansion Joint and Condition: |
| Good Fair Poor Significant |
| b. Floor System(s): |
| Describe (Type of System Framing, Material, Spans, Condition, Balconies): Condition: Good Fair Poor Significant |
| 2. Balcony Structural System Edge and Building Face Supported Cantilever No Balcony (If no balcony skip to number 7) |
| 3. Balcony Exposure (if structure is on the coast) Ocean facing Non-ocean facing |

| [7. FLO | OOR AND ROOF SYSTEM CONTINUED] |
|---------|---|
| | Balcony Construction |
| | Concrete |
| | Steel framing with concrete topping |
| | Wood |
| | Other (define in narrative) |
| | |
| | |
| | |
| | |
| | Balcony Condition Rating |
| J. | Good |
| | Fair (e.g., minor cracking, minor rebar corrosion – patching will suffice) |
| | Poor (e.g., significant cracking, rebar corrosion requiring repairs) |
| | Significant |
| | |
| 6. | Balcony Condition Description (e.g., Spalling, Cracking, Rebar Corrosion) |
| | |
| | |
| | |
| | |
| | |
| 7. | Stairs and Escalators – Indicate location, framing system, material, and condition: |
| | |
| | |
| | |
| | |
| | |
| 8. | Ramps – Indicate location, framing system, material, and condition: |
| | |
| | |
| | |
| | |
| | |

[7. FLOOR AND ROOF SYSTEM CONTINUED]

| _ | 9. Guardrails – Indicate type, location, and material | | | | |
|------|---|--|---|--|--|
| | Wood | Stainless Steel | Glass | | |
| | Metal | Ungalvanized Steel | CMU Kneewall | | |
| | Aluminum | Concrete Kneewall | Other | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10 (| Cuard Condition | (define ratings depending on | award ayatam) | | |
| | ood Fair | Poor Significant, Describ | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ote exposed areas available for nspection of typical framing n | inspection, and where it was found necessary to open nembers: | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 8. STI | EEL FRAMING SYSTEM |
|--------|--|
| a. | Full Description of System: |
| | |
| | |
| b. | Exposed Steel – Describe condition of paint and degree of corrosion: |
| | |
| c. | Steel Connections – Describe type and condition: |
| | |
| d. | Concrete or Other Fireproofing – Describe any cracking or spalling and note where any covering was removed for inspection: |
| | |
| e. | Identify any steel framing member with obvious overloading, overstress, deterioration or excessive deflection (provide location(s)): |
| | |
| f. | Elevator Sheave Beams, Connections, and Machine Floor Beams - Note Column: |
| | |
| | |

| 9. CO | NCRETE FR | AMING SYSTEM | ^ |
|-------|---------------|---|----------|
| | | on of Structural System: | |
| b. | Cracking: | | |
| | 1. Signif | ficant Not Significant | |
| | 2. Descript | tion of members affected location and type of cracking: | |
| c. | General Cond | lition Description: | |
| d. | Rebar Corrosi | ion – Check Appropriate Line: | |
| | 1. | Non-Visible | |
| | 2. | Significant – Patching will suffice | |
| | 3. | Significant – Structural repairs required | |
| | Describe: | | |

N/A

[9. CONCRETE FRAMING SYSTEM CONTINUED]

| e. | Were samples chipped out for examination in spalled areas? | | | |
|----|--|--|--|--|
| | 1. | No | | |
| | 2. | Yes – Describe color, texture, aggregate, general quality: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| f. | overstress, de | concrete framing member (e.g., slabs and transfer elements) with obvious overloading, eterioration (e.g., efflorescence at underside of slab or at base of column or wall) or excessive rovide location(s)): | | |

| 10. WI | NDOWS, STOREFRON | ΓS, CURTAINWALLS AN | D EXTERIOR DOORS | 1 |
|--------|---|-------------------------------|--------------------|----------|
| a. | Structural Glazing on t threshold building: | he exterior envelope of | Yes No | |
| | Previous Inspection Date: | | | |
| | 2. Description of Curtain | wall Structural Glazing and a | dhesive sealant: | |
| | 3. Describe Condition of | System: | | |
| b. | Exterior Doors: 1. Type: Wood (If Other Describe): | Steel Aluminum | Sliding Glass Door | Other |
| | | Condition of Fasteners and La | tches | |
| | 3. Sealant Type and Cond | lition of Sealant: | | |
| | Good Fair Poor | Significant | | |

| [10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS CONTINUED] |
|---|
| 4. Describe General Condition: |
| |
| 5. Describe repairs needed: |
| 3. Describe repairs needed. |
| |
| |

11. WOOD FRAMING



a. Type – Fully describe if mill construction, light construction, major spans, trusses:

- **b.** Indicate Condition of the Following:
 - 1. Walls:

- 2. Floors:
- 3. Roof Member, Roof Trusses:

c. Note Metal Fitting (i.e., Angles, Plates, Bolts, Splint Pintles, Other and Note Condition):

d. Joints – Note if well fitted and still closed:

| [11. W | OOD FRAMING CONTINUED] |
|--------|--|
| e | Drainage – Note accumulations of moisture: |
| f | Ventilation – Note any concealed spaces not ventilated: |
| g | Note any concealed spaces opened for inspection: |
| ŀ | . Identify any wood framing member with obvious overloading, overstress, deterioration, or excessive deflection: |

12. BUILDING FACADE INSPECTION



a. Identify and describe the exterior walls and appurtenances on all sides of the building (cladding type, corbels, precast appliques, etc.):

b. Identify attachment type of each appurtenance type (mechanically attached or adhered):

c. Indicate the condition of each appurtenance (distress, settlement, splitting, bulging, cracking, loosening of metal anchors and supports, water entry, movement of lintel or shelf angles or other defects):

13. SPECIAL OR UNUSUAL FEATURES IN THE BUILDING

a. Identify and describe any special or unusual features (i.e., cable suspended structures, tensile fabric roof, large sculptures, chimney, porte-cochere, retaining walls, seawalls, etc.):

b. Indicate condition of special feature, its supports and connections:

14. DETERIORATION

a. Based on the scope of the inspection, describe any structural deterioration and describe the extent of such deterioration.

15. UNSAFE CONDITIONS



a. State whether unsafe or dangerous conditions exist, as these terms are defined in the Florida Building Code, where observed. Yes No

By checking this box, the undersigned states that the inspections detailed in this report were performed with the primary objective of identifying potential structural issues. Other conditions may render a building unsafe, including, but not limited to, the existence of unsanitary conditions, inadequate maintenance, illegal occupancy, inadequate means of egress, or inadequate lighting and ventilation. If potentially unsafe conditions were observed, they will be noted, but the inspections were not intended to be a comprehensive assessment of whether any such conditions exist in the subject building.

16. SAFE OCCUPANCY DETERMINATION

a. Based on the results of the inspection, does the building or any portion of the building need to be vacated, secured, or access limited? If so, what portions of the building need to be vacated and how quickly do those portions need to be vacated, secured, or access limited? Yes No

17. SUMMARY OF FINDINGS - NONE



The below Condition(s) were noted within this Phase 1 Inspection.

Indication of Dangerous Condition Observed

Actual Dangerous Condition Observed

Indication of Substantial Structural Deterioration Observed

Actual Substantial Structural Deterioration Observed

Indication of Need for Maintenance

Indication of Need for Repair

Indication of Need for Replacement

Inaccessible Condition of Structural Component

18. REVIEW OF EXISTING DOCUMENTS AND PERMIT RECORDS

It appears that unpermitted structural work has been performed as follows, and the Building Official has been notified:

Yes No

If yes, describe unpermitted work:

19. DEFINITIONS OF TERMS

Good: No Substantial Structural Deterioration and No Dangerous Condition Observed.

Fair: Indication of Substantial Structural Deterioration Observed and No Dangerous Condition Observed.

Poor: Actual Substantial Structural Deterioration Observed and No Dangerous Condition Observed.

Significant: Any Observation which is an Indication of Dangerous Condition or Actual Dangerous Condition.

| PHASE 2 MILESTONE INSPECTION - Not Required | | | |
|---|--|--|--|
| 1. Description of Structure | | | |
| Name on Title: | | | |
| Street Address: | | | |
| Legal Description: | | | |
| Owner's Name: | | | |
| 2. Name of the Condo or Coop Entity and Contact Information | | | |
| Name: | | | |
| Address: | | | |
| Telephone Number: | | | |
| 3. Name and Contact Information of the Licensed Individual(s) Conducting the Inspection | | | |
| Inspection Firm or Individual Name: | | | |
| Address: | | | |
| Telephone Number: | | | |
| Inspection Commenced Date: Inspection Completed Date: | | | |

Substantial Structural Deterioration Observed; Structural Evaluation is required.

Inaccessible Condition of Major Structural Component; The Milestone Inspection was not able to conclude the Structural Condition of inaccessible areas.

Potentially Dangerous Condition Observed; Structural Evaluation is required.

Dangerous Condition Observed; Notify Building Official; Structural Evaluation is required.

See Section 9 for Summary of Findings.

| Provision for Signat | cure and Seal of the | Licensed Individu | ıal Conducting | the Inspection | |
|--------------------------------------|---|---|--------------------|---|----------|
| Licensed Design Professional: | Engineer | Architect | | | |
| Name: | | | | | į |
| LicenseNumber: | | | | | |
| | | | | ļ ! | <u> </u> |
| I1:6-1+ | | . i | | Seal | |
| I am qualified to prac Signature: | tuce in the discipline | | Date: | | |
| Code, Existing Building. T | To the best of my kno ee, based upon careful | owledge and ability, the evaluation of observed | nis report represe | is listed in <i>Chapter 18 of the Flori</i> , ents an accurate appraisal of the extent reasonably possible. | |
| 1. DESCRIBE REF | ERENCES CITE | D UNDER PHASI | E 1 REPORT F | OR FOLLOW-UP: | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ETERIORATION | ALONG WITH N | | NT OF THE SUBSTA MINTENANCE, REPAIR | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 3. IDENTIFY AND DESCRIBE AREAS REQUIRING ADDED INSPECTION AS WELL AS RESULTS OF ANY TESTING: |
|---|
| |
| |
| |
| |
| 4. DESCRIBE MANNER AND TYPE OF INSPECTION PERFORMED: |
| |
| |
| |
| Note: When testing and at the discretion of the design professional, scientific testing protocols must be used in addition to visual inspection techniques for determining the structural integrity of a building. |
| |
| 5. PROVIDE GRADED URGENCY OF EACH RECOMMENDED REPAIR: |
| |
| |
| |
| |
| |
| 6. STATE WHETHER UNSAFE OR DANGEROUS CONDITIONS EXIST, AS THESE TERMS ARE |
| DEFINED IN THE FLORIDA BUILDING CODE, WHERE OBSERVED: |
| |
| |
| |
| By checking this box, the undersigned states that the inspections detailed in this report were performed with the primary objective of identifying potential structural issues. Other conditions may render a building unsafe, including, but not limited to, the existence of unsanitary conditions, inadequate maintenance, illegal occupancy, inadequate means of egress, or inadequate lighting and ventilation. If potentially unsafe conditions were observed, they will be noted, but the inspections were not intended to be a comprehensive assessment of whether any such conditions exist in the subject building. |

| 7. IDENTIFY AND DESCRIBE ANY ITEMS REQUIRING ADDITIONAL INSPECTIONS: | ★ |
|--|----------|
| | |
| | |
| | |
| | |
| | |

8. SAFE OCCUPANCY DETERMINATION

a. Based on the results of the inspection, does the building or any portion of the building need to be vacated, secured, or access limited? If so, what portions of the building need to be vacated and how quickly do those portions need to be vacated, secured, or access limited?

Yes No

9. SUMMARY OF FINDINGS

The below Condition(s) were noted within this Phase 2 Inspection.

The Building has Substantial Structural Deterioration, Corrective Action is Required.

A Need for Maintenance was Observed, but Does Not Meet the Standard of Substantial Structural Deterioration at This Time. The Building Passes the Milestone Inspection Program.

There Are No Signs of Substantial Structural Deterioration. The Building Passes the Milestone Inspection Program.



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General Exterior











