

FORM EB 18-2024
MILESTONE INSPECTION REPORT FORM

PHASE 1 - Milestone Inspection

Inspection Firm or Individual

Name: _____

Address: _____

Telephone

Number: _____

Inspection Commenced

Inspection Completed

Date: _____

Date: _____

☐

No Repairs
Required

☐

Repairs are required as outlined herein.

☐

Phase 2 inspection is required

☐

Phase 2 inspection is required, and the need is of such a critical nature that it is time sensitive

Licensed Design
Professional:

☐

Engineer

A. Boumitri

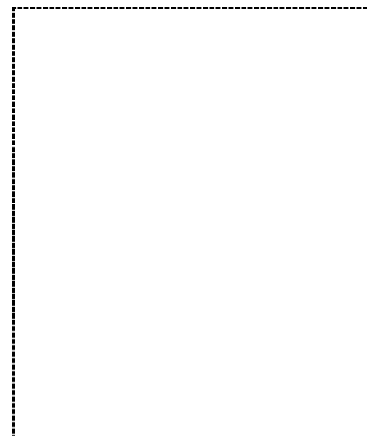
☐

Architect

Name: _____

License

Number: _____



Seal

I am qualified to practice in the discipline in which I am hereby signing,

Signature: _____

A. Boumitri

Date: _____

This report has been based upon the minimum inspection guidelines for building safety inspection 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.

1. DESCRIPTION OF STRUCTURE

a. Name on Title: _____

b. Street Address: _____

c. Legal Description: _____

d. Owner's Name: _____

2. PRESENT CONDITION OF STRUCTURE

a. General Alignment (Note: Good, Fair, Poor, Explain if significant):

1. Bulging:

☐

Good

☐

Fair

☐

Poor

☐

Significant
(Explain):

2. Settlement:

☐

Good

☐

Fair

☐

Poor

☐

Significant
(Explain):

3. Deflections:

☐

Good

☐

Fair

☐

Poor

☐

Significant
(Explain):

4. Expansion:

☐

Good

☐

Fair

☐

Poor

☐

Significant
(Explain):

5. Contraction:

☐

Good

☐

Fair

☐

Poor

☐

Significant
(Explain):

b. Portion Showing Distress (Note: Beams, Columns, Structural Walls, Floor, Roofs, Other):

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 1mm in width; MEDIUM if between 1mm and 2mm in width; WIDE if over 2mm: _____

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: _____

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: _____

e. Structural Repairs – note appropriate line:

1. None required _____
2. Required (describe and indicate acceptance)

f. Has the property record been researched for any current code violations or unsafe structure cases?

☐

Yes

☐

No

Explanation/Comments:

4. SUPPORTING DATA ATTACHED

a. Sheets of written data: _____

b. Photographs: _____

c. Drawings or sketches: _____

d. Test reports: _____

5. FOUNDATION

a. Describe building foundation:

b. Is wood in contact or near soil? (Yes/No): _____

c. Signs of differential settlement? (Yes/No) _____

d. Describe any cracks or separation in the walls, column or beams that signal differential settlement:

e. Is there additional sub-soil investigation required? ☐ Yes ☐ No

1. If yes, explain:

f. Is water drained away from foundation? (Yes/No): _____

g. Is there additional sub-soil investigation required? (Yes/No): _____

1. Describe: _____

6. MASONRY BEARING WALL – Indicate good, fair or poor on appropriate lines

a. Concrete masonry units: ☐ Good ☐ Fair ☐ Poor

b. Clay tile or cotta units: ☐ Good ☐ Fair ☐ Poor

c. Reinforced concrete tie columns: ☐ Good ☐ Fair ☐ Poor

d. Reinforced concrete tie beams: ☐ Good ☐ Fair ☐ Poor

e. Lintel: ☐ Good ☐ Fair ☐ Poor

f. Other type bond beams: ☐ Good ☐ Fair ☐ Poor

g. Masonry Finishes – Exterior:

1. Stucco: ☐ Good ☐ Fair ☐ Poor

2. Veneer: ☐ Good ☐ Fair ☐ Poor

3. Paint Only: ☐ Good ☐ Fair ☐ Poor

4. Other: ☐ Good ☐ Fair ☐ Poor

4a. Explain: _____

h. Cracks – Note beams, columns, or others, including locations (description):

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 |

4a. Describe:

k. Were samples chipped out for examination in spalled areas?

- | | | |
|----|--------------------------|--|
| 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

3) Structural framing condition

☐

Good

☐

Fair

☐

Poor

4) Roof deck material

☐
☐
☐

Concrete

Deck Wood

Structural concrete on steel deck

☐
☐

Non-structural / insulating concrete on steel

Bare steel deck

5) Roof cladding type

☐
☐
☐

Tile

Asphalt shingles

Built-up roofing (BUR)

☐
☐
☐

Single ply (Membrane)

Metal

Other

6) Roof covering condition

Condition

☐

Good

☐

Fair

☐

Poor

7) Note water tanks, cooling towers, air conditioning equipment, signs, other heavy equipment and condition of support:

8) Note types of drains, scuppers, and condition:

9) Describe parapet construction and current condition:

10) Describe mansard construction and current condition:

Condition

☐

Good

☐

Fair

☐

Poor

11) Describe any roofing framing member with obvious overloading, overstress, deterioration, or excessive deflection:

12) Note any expansion joint and condition:

Condition

☐

Good

☐

Fair

☐

Poor

b. Floor System(s):

1. Describe (Type of system framing, material, spans, condition, balconies):

Condition

☐

Good

☐

Fair

☐

Poor

2. Balcony structural system

☐
☐

Edge and building face supported

Cantilever

3. Balcony exposure (if structure is on the coast)

☐
☐

Ocean facing

Non-ocean facing

4. Balcony construction

☐
☐
☐
☐

Concrete

Steel framing with concrete

Wood with topping

Other (define in narrative)

5. Balcony condition rating

☐
☐
☐
☐

Good

Fair (e.g., minor cracking, minor rebar corrosion – patching will suffice)

Poor (e.g., significant cracking, rebar corrosion requiring repairs)

N/A

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:

9. Guardrails – Indicate type, location, material, and condition:

Guard system

☐
☐
☐

Wood

Metal

Aluminum

☐
☐
☐

Stainless

steel Ungalvanized

Steel

Concrete Kneewall

☐
☐
☐

Glass

CMU Kneewall

Other _____

10. Guard condition (define ratings depending on guard system)

☐	Good
☐	Fair
☐	Poor

c. Inspection – Note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members:

8. STEEL 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. CONCRETE FRAMING SYSTEM

- a. Full description of structural system:

- b. Cracking:

1. ☐ Significant ☐ Not Significant

2. Description of members affected, location and type of cracking:

- c. General condition:

d. Rebar Corrosion – Check appropriate line:

1.	☐	None Visible
2.	☐	Location and description of members affected and type cracking
3.	☐	Significant – Patching will suffice
4.	☐	Significant – Structural repairs required (Describe):

e. Were samples chipped out for examination in spalled areas?

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

f. Identify any concrete framing member (e.g., slabs and transfer elements) with obvious overloading, overstress, deterioration (e.g., efflorescence at underside of slab or at base of column or wall) or excessive deflection (provide location(s)):

10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS

a. Structural Glazing on the exterior envelope of threshold building:

☐ Yes ☐ No

1. Previous Inspection
Date:

2. Description of Curtainwall Structural Glazing and adhesive sealant: _____

3. Describe condition of system: _____

b. Exterior Doors:

1. Type (wood, steel, aluminum, sliding glass door, other): _____

2. Anchorage type and condition of fasteners and latches: _____

3. Sealant type and condition of sealant: _____

4. General Condition:

5. 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:

e. Drainage – Note accumulations of moisture: _____

f. Ventilation – Note any concealed spaces not ventilated: _____

g. Note any concealed spaces opened for inspection: _____

h. Identify any wood framing member with obvious overloading, overstress, deterioration, or excessive deflection: _____

12. BUILDING FAÇADE 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. _____

PHASE 2 Milestone Inspection

1. DESCRIPTION OF STRUCTURE

a. Name on Title:

b. Street Address:

c. Legal Description:

d. Owner's Name:

- Name of the Condo or Coop entity along with contact information:

Name:

Address:

Telephone Number:

- 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:

- Provision for signature and seal of the licensed individual conducting the inspection

Licensed Design
Professional:

Engineer

Architect

Name: _____

License

Number: _____

Seal

I am qualified to practice in the discipline in which I am hereby signing,

Signature: _____

Date: _____

1. Describe references cited under Phase 1 report for follow up:

2. Identify the damage and describe the extent of the repairs needed along with repair recommendations:

3. Identify and describe areas requiring added inspection as well as results of any testing:

4. Describe manner and type of inspections 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, were observed.

7. Identify and describe any items requiring additional inspections

General Exterior



Repair items



2.f



2.d / 2.e



2.c / 2.d / 2.e



2.d / 2.e



2.a.3 / 2.d / 2.f



2.d / 2.f

Repair
items



2.d. / 2.e/



2.f.



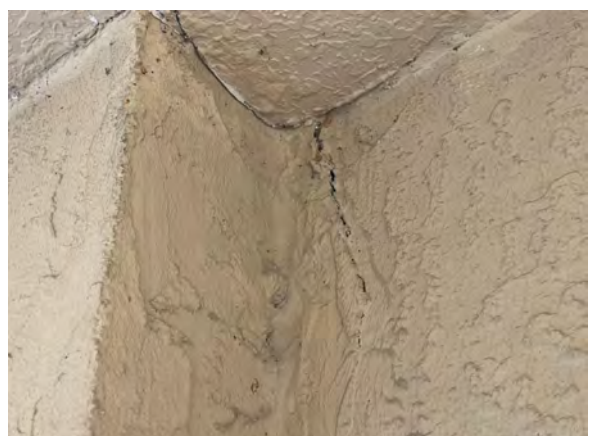
2.f



2.d. 2.e



2.d / 2.e



2.d / 2.e

Repair items



2.c / 2.d / 2.e



2.a.3



2.a.3 / 2.c / 2.d



2.a.3



2.c / 2.d / 2.e



2.a.3

Stay on top of sales! Recent sales data now available for viewing on our website.

The Volusia County Property Appraiser's Office will close at noon on Tuesday, December 24th in observance of Christmas and will reopen Monday, December 30th.



Select Language ▼

Summary Tax Estimate Permits Map Pictometry Print

Alternate Key: 5595421
Parcel ID: 741715363050
Township-Range-Section: 17 - 34 - 17
Subdivision-Block-Lot: 15 - 36 - 3050
Physical Address: 305-451 BOUCHELLE DR, NEW SMYRNA BEACH 32169
Owner(s): DARGENTO SAVINO - TE - Tenancy in the Entirety - 100%
DARGENTO LAURA - TE - Tenancy in the Entirety - 100%
Mailing Address On File: 451 BOUCHELLE DR #305
NEW SMYRNA BEACH FL 32169
[Update Mailing Address](#)
Building Count: 1
Neighborhood: 0387 - BOUCHELLE ISLAND CONDO 7417-15
[Neighborhood Sales](#)
Subdivision Name: BOUCHELLE ISLAND CONDO XVII BLDG 136
Property Use: 0400 - CONDOMINIUM
Tax District: 601-NEW SMYRNA BEACH
2024 Final Millage Rate: 16.7933
Homestead Property: No - [Apply for Homestead Online](#)
Agriculture Classification: No - [Additional Information](#)
Short Description: UNIT 305 BLDG 136 BOUCHELLE ISLAND CONDOMINIUM
INCLUDING GAR
AGE SPACE #1 PER OR 4062 PG 1544 PER OR 4551 PG 2415
PER OR
6933 PGS 4422-4423 PER OR 7480 PGS 1281-1283 INC



Values & Exemptions Land & Buildings Sales Legal



Property Values

Tax Year:	2025 Working	2024 Final	2023 Final
Valuation Method:	1-Market Oriented Cost	1-Market Oriented Cost	1-Market Oriented Cost
Improvement Value:	\$300,425	\$300,425	\$266,600
Land Value:	\$0	\$0	\$0
Just/Market Value:	\$300,425	\$300,425	\$266,600

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Working Tax Roll Values by Taxing Authority

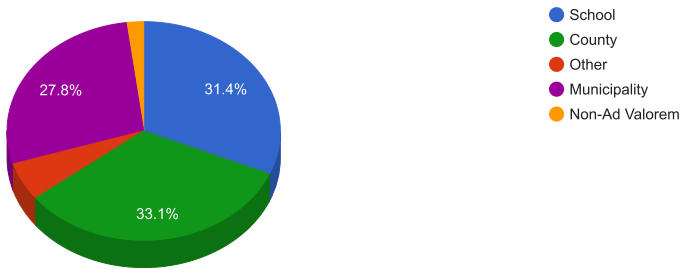
Values shown below are the 2025 WORKING TAX ROLL VALUES that are subject to change until certified. Millage Rates below that are used in the calculation of the Estimated Taxes are the 2024 FINAL MILLAGE RATES. The Just/Market listed below is not intended to represent the anticipated selling price of the property and should not be relied upon by any individual or entity as a determination of current market value.

Tax Authority	Just/Market Value	Assessed Value	Ex/10CAP	Taxable Value	Millage Rate	Estimated Taxes
0017 CAPITAL IMPROVEMENT	\$300,425	\$300,425	\$0	\$300,425	1.5000	\$450.64
0012 DISCRETIONARY	\$300,425	\$300,425	\$0	\$300,425	0.7480	\$224.72
0011 REQ LOCAL EFFORT	\$300,425	\$300,425	\$0	\$300,425	3.0370	\$912.39
0050 GENERAL FUND	\$300,425	\$297,195	\$3,230	\$297,195	3.2007	\$951.23
0053 LAW ENFORCEMENT FUND	\$300,425	\$297,195	\$3,230	\$297,195	1.5994	\$475.33
0055 LIBRARY	\$300,425	\$297,195	\$3,230	\$297,195	0.3891	\$115.64
0520 MOSQUITO CONTROL	\$300,425	\$297,195	\$3,230	\$297,195	0.1647	\$48.95
0530 PONCE INLET PORT AUTHORITY	\$300,425	\$297,195	\$3,230	\$297,195	0.0692	\$20.57
0058 VOLUSIA ECHO	\$300,425	\$297,195	\$3,230	\$297,195	0.2000	\$59.44
0057 VOLUSIA FOREVER	\$300,425	\$297,195	\$3,230	\$297,195	0.2000	\$59.44
0065 FLORIDA INLAND NAVIGATION DISTRICT	\$300,425	\$297,195	\$3,230	\$297,195	0.0288	\$8.56
0120 SOUTH EAST VOLUSIA HOSPITAL AUTHORITY	\$300,425	\$297,195	\$3,230	\$297,195	0.7506	\$223.07
0060 ST JOHN'S WATER MANAGEMENT DISTRICT	\$300,425	\$297,195	\$3,230	\$297,195	0.1793	\$53.29
0271 NEW SMYRNA BCH I&S 2005	\$300,425	\$297,195	\$3,230	\$297,195	0.0000	\$0.00
0272 NEW SMYRNA BCH I&S 2018	\$300,425	\$297,195	\$3,230	\$297,195	0.0895	\$26.60
0270 NEW SMYRNA BEACH	\$300,425	\$297,195	\$3,230	\$297,195	4.6370	\$1,378.09
					16.7933	\$5,007.96

Non-Ad Valorem Assessments

Project	#Units	Rate	Amount	Estimated Ad Valorem Tax:	\$5,007.96
6012-NSB STORMWATER	1.00	\$104.00	\$104.00	Estimated Non-Ad Valorem Tax:	\$104.00
				Estimated Taxes:	\$5,111.96
				Estimated Tax Amount without SOH/10CAP	\$5,149.13

Where your tax dollars are going:



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Previous Years Certified Tax Roll Values

Year	Land Value	Impr Value	Just Value	Non-Sch Asdd	County Exemptions	County Taxable	HX Savings
2024	\$0	\$300,425	\$300,425	\$270,178	\$0	\$270,178	\$0
2023	\$0	\$266,600	\$266,600	\$245,616	\$0	\$245,616	\$0
2022	\$0	\$257,580	\$257,580	\$223,287	\$0	\$223,287	\$0
2021	\$0	\$202,988	\$202,988	\$202,988	\$0	\$202,988	\$0
2020	\$0	\$187,618	\$187,618	\$187,618	\$0	\$187,618	\$0
2019	\$0	\$178,812	\$178,812	\$178,812	\$0	\$178,812	\$0
2018	\$1	\$168,405	\$168,406	\$168,406	\$0	\$168,406	\$0
2017	\$1	\$116,709	\$152,846	\$114,719	\$50,500	\$64,219	\$38,127
2016	\$32,851	\$106,854	\$139,705	\$112,359	\$50,500	\$61,859	\$27,346

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LARRY BARTLETT, JD, CFA
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DeLand, FL 32720
(386) 736-5901

from 7:30 a.m. to 5:00 p.m
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