MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM PHASE 1

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MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM

PHASE 1 Milestone Inspection

(X) Initial Phase 1 Inspection Report ( ) Amended Phase 1 Inspection Report as required after completion of any repairs.

Note: All Required Fields Appear in Red

Licensed Engineer(s) or Architect(s) Responsible for the Milestone Inspection

---

Inspection Firm Name (if applicable): LAV Structural Solutions, LLC.

Inspection Engineer/Architect Name and License Number: Louis Anthony Vigliotti, PE90749

Address: 821 N US Hwy 1 - Ste A, Ormond Beach, FL 32174

Telephone Number: (386) 310-7829

Assuming Responsibility for: (X) All ( ) Portion - If Portion please list: _____

Inspection Commenced Date: 11-21-2024 Inspection Completed Date: 12-30-2024

Additional Inspection Firm Name (if applicable): _____

Additional Inspection Engineer/Architect 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 all additional design professionals assuming responsibility for the Milestone Inspection or portions thereof. Each Design Professional must sign and seal their portion of the work in accordance with Florida Statutes.

Please check all that apply:

[ ] 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

[ ] Dangerous Condition Observed; Structural Evaluation is required; A Phase 2 Inspection 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.*

[ ] Immediate Dangerous Condition Observed; Notify Building and Fire Official; Structural Evaluation May be required, possible Shoring and a Phase 2 inspection is required

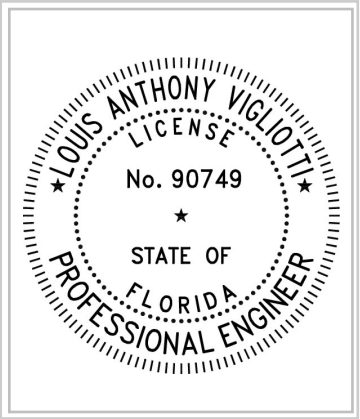
[ ] Maintenance Needed but does not raise to the level of Substantial Deterioration or Dangerous. Phase 1 Inspection Passes

[X] Passed Phase 1 Inspections

Licensed Design Professional: [X] Engineer [ ] Architect

Name: Louis Anthony Vigliotti

License Number: PE90749



Seal

Click the button below to check if all required fields are completed.
If they are not, you will be told which fields must be completed.
If they are, the signature box below will unlock, allowing you to sign and lock the form.

Check Required Fields

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

Signature: _____ Date 2-2-2025

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.

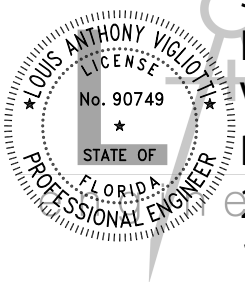
See: General Considerations & Guideline

Supporting Data Attached:

Add Attachments

This item has been digitally signed and sealed by Louis Anthony Vigliotti, PE on the date adjacent to the seal.

Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.



Digitally signed by Louis A Vigliotti
Date: 2025.02.02 13:46:18 -05'00'

Licensed Design Professional: ☐ Engineer ☐ Architect

Name: _____

License Number: _____

Seal

Click the button below to check if all required fields are completed.
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I am qualified to practice in the discipline in which I am hereby signing,

Signature: _____ Date _____

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

Supporting Data Attached:

Add Attachments

1. DESCRIPTION OF STRUCTURE Add Attachments

a. Name on Title:

b. Street Address: 2450 Ocean Shore Blvd, Ormond Beach, FL 32176

c. Legal Description: See Attached - Volusia County Property Appraiser

d. Owner's Name: Spinnaker of Ormond Condo Association

e. Owner's Mailing Address: 2450 Ocean Shore Blvd, Ormond Beach, FL 32176

f. Email Address: rthdoyle@icloud.com Contact Number: (252) 349-3685

g. Folio Number of Property on Which Building is Located: 322814000002

h. Building Code Occupancy Classification: FLBC: R-2 Volusia County Zoning: R-8

i. Present Use: Condominium

j. General Description: Multi-Family Condo Type of Construction: Residential

k. Square Footage:

1. Total Building Area: Subject to suvey Number of Stories: 3

2. Building Footprint Area: 4,460 sf

l. Name of the Condo or Coop Entity: Spinnaker of Ormond Condo

m. Special Features:

Spinnaker is a 3-story condominium building across the street from the Atlantic Ocean.

n. Describe any Additions to Original Structure:

No Additions

o. Approximate Distance to the Coast and Method Used to Determine Distance:

Less than 100' - Google Maps

Volusia County Property Appraiser
123 W. Indiana Ave., Rm. 102
DeLand, FL. 32720
Phone: (386) 736-5901 Web: vcpa.vcgov.org

Property Summary

Alternate Key:	6006687
Parcel ID:	322814000002
Township-Range-Section:	13 - 32 - 28
Subdivision-Block-Lot:	14 - 00 - 0002
Owner(s):	SPINNAKER OF ORMOND CONDO - FS - Fee Simple - 100% ASSOC - FS - Fee Simple - 100%
Mailing Address On File:	2450 OCEAN SHORE BLVD BOX 12 ORMOND BEACH FL 32176
Physical Address:	2450 OCEAN SHORE BLVD, ORMOND BEACH 32176
Building Count:	0
Neighborhood:	0134 - THE SPINNAKER CONDO (3228-14
Subdivision Name:	SPINNAKER OF ORMOND CONDO
Property Use:	0900 - RES COMMON ELEMENTS
Tax District:	200-UNINCORPORATED - NORTHEAST
2024 Final Millage Rate:	17.5839
Homestead Property:	No
Agriculture Classification:	No
Short Description:	COMMON AREA FOR SPINNAKER OF ORMOND CONDO PER OR 3015 PGS 08 86 TO 0935 & MB 41 PG 168

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:	$0	$0	$0
Land Value:	$0	$0	$0
Just/Market Value:	$0	$0	$0

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	Exempt	Taxable Value	Millage Rate	Estimated Taxes
0017 CAPITAL IMPROVEMENT	$0	$0	$0	$0	1.5000	$0.00
0012 DISCRETIONARY	$0	$0	$0	$0	0.7480	$0.00
0011 REQ LOCAL EFFORT	$0	$0	$0	$0	3.0370	$0.00
0510 FIRE DISTRICT	$0	$0	$0	$0	3.8412	$0.00
0050 GENERAL FUND	$0	$0	$0	$0	3.2007	$0.00
0053 LAW ENFORCEMENT FUND	$0	$0	$0	$0	1.5994	$0.00
0055 LIBRARY	$0	$0	$0	$0	0.3891	$0.00
0520 MOSQUITO CONTROL	$0	$0	$0	$0	0.1647	$0.00
0530 PONCE INLET PORT AUTHORITY	$0	$0	$0	$0	0.0692	$0.00
0310 VOLUSIA COUNTY MSD	$0	$0	$0	$0	1.6956	$0.00
0058 VOLUSIA ECHO	$0	$0	$0	$0	0.2000	$0.00
0057 VOLUSIA FOREVER	$0	$0	$0	$0	0.2000	$0.00
0065 FLORIDA INLAND NAVIGATION DISTRICT	$0	$0	$0	$0	0.0288	$0.00
0100 HALIFAX HOSPITAL AUTHORITY	$0	$0	$0	$0	0.7309	$0.00
0060 ST JOHN'S WATER MANAGEMENT DISTRICT	$0	$0	$0	$0	0.1793	$0.00
					17.5839	$0.00

Non-Ad Valorem Assessments

Project	#Units	Rate	Amount

Estimated Ad Valorem Tax:	$0.00
Estimated Non-Ad Valorem Tax:	$0.00
Estimated Taxes:	**$0.00**
Estimated Tax Amount without SOH/10CAP ⓘ	$0.00

Previous Years Certified Tax Roll Values

Year	Land Value	Impr Value	Just Value	Non-Sch Assd	County Exemptions	County Taxable	HX Savings
2024	$0	$0	$0	$0	$0	$0	$0
2023	$0	$0	$0	$0	$0	$0	$0
2022	$0	$0	$0	$0	$0	$0	$0
2021	$1	$0	$1	$1	$0	$1	$0
2020	$1	$0	$1	$1	$0	$1	$0
2019	$1	$0	$1	$1	$0	$1	$0
2018	$1	$0	$1	$1	$0	$1	$0
2017	$1	$0	$1	$1	$0	$1	$0
2016	$1	$0	$1	$1	$0	$1	$0

Land Data

#	Land Use	Ag	Type	Units	Acres	Sq Feet	FF	Depth	Rate	Just Value
1	0904-CONDO - COMMON AREA	N	U-UNIT	1					0	$0
								Total Land Value:		$0

Miscellaneous Improvement(s)

#	Type	Year	Area	Units	L x W	Depreciated Value
				Total Miscellaneous Value:		$0

Sales History

NOTE: This section is not intended to be a complete chain of title. Additional official book/page numbers may be listed in the property description and/or recorded and indexed with the Clerk of the Court.

Book/Page	Instrument No.	Sale Date	Deed Type	Qualified/Unqualified	Vacant/Improved	Sale Price

Property Description

NOTE: This property description may be a condensed/abbreviated version of the original description as recorded on deeds or other legal instruments in the public records of the Volusia County Clerk of Court. It may not include the Public Land Survey System's Section, Township, Range information or the county in which the property is located. It is intended to represent the land boundary only and does not include easements or other interests of record. This description should not be used for purposes of conveying property title. The Property Appraiser assumes no responsibility for the consequences of inappropriate uses or interpretations of the property descriptions found on this site.

Legal Description	Millage Group	Township-Range-Section	Subdivision-Block-Lot	Date Created
COMMON AREA FOR SPINNAKER OF ORMOND CONDO PER OR 3015 PGS 0886 TO 0935 & MB 41 PG 168	200	13 - 32 - 28	14 - 00 - 0002	14-MAY-01

Permit Summary

NOTE: Permit data does not originate from the Volusia County Property Appraiser's office. For details or questions concerning a permit, please contact the building department of the tax district in which the property is located.

Date	Number	Description	Amount
07/26/2024	20240722026	INSTALL 10 MOTORIZED ROLL DOWNS & 5 ACCORDION HURRICANE SHUTTERS ON EAST SIDE OF BUILDING	$65,390

03/06/2015	20150219012	ELEC UPGRD/REP/MISCREPLACE 800 AMP MAIN SERVICE DISCONNECT	$5,735
04/17/2013	20130412001	NONRESIDENTIAL	$20,000
01/22/2013	20130114020	MISCELLANEOUS	$5,000
11/06/2012	20121023031	NONRESIDENTIAL	$8,995
05/07/2012	20120328008	NONRESIDENTIAL	$35,000
12/15/2004	20041124048	MISCELLANEOUS	$350,000
11/30/2004	20041130001	ELEC UPGRD/REP/MISC	$0

2. PRESENT CONDITION OF STRUCTURE

Add Attachments

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

1. Bulging:	(X) Good	( ) Fair	( ) Poor	( ) Significant
2. Settlement:	(X) Good	( ) Fair	( ) Poor	( ) Significant
3. Deflections:	(X) Good	( ) Fair	( ) Poor	( ) Significant
4. Expansion:	(X) Good	( ) Fair	( ) Poor	( ) Significant
5. Contraction:	(X) Good	( ) Fair	( ) Poor	( ) Significant

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

No distress observed. Overall structure is in good condition and needs siding removed and replaced per FLBC 2023 8th Ed requirements.

c. Surface Conditions – Describe general conditions of finishes, noting cracking, spalling, peeling, signs of moisture penetration and strains:

Siding currently has a water resistant membrain exposed that needs to be removed and replaced per code.

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

Location: ◯ Hairline ◯ Fine ◯ Medium ◯ Wide

All surface cracks on north and south CMU/RC stairwells have been patched prior to inspection.

e. General Extent of Deterioration – Cracking or Spalling Concrete or Masonry, Oxidation of Metals; Rot or Borer Attack in Wood:

n/a

f. Note Previous Patching or Repairs:

All surface cracks on north and south CMU/RC stairwells have been patched prior to inspection.

g. Nature of Present Loading Indicate Residential, Commercial, Other Estimate Magnitude:

Residential

h. Are there any other significant observations? ◯ Yes (X) No

If Yes, Describe:

3. INSPECTIONS Add Attachments

a. Date of Notice of Required Inspection: n/a

b. Date(s) of Actual Inspection: n/a

c. Name and Qualifications of the Individual Preparing Report:

n/a

d. Description of Laboratory or Other Formal Testing, If Required, Rather than Manual or Visual Procedures:

n/a

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

◯ Yes (x) No

Explanation/Comments:

4. SUPPORTING DATA ATTACHED Add Attachments

Check if attached:

a. Sheets of written data: ◯ Yes ◯ No n/a

b. Photographs: ◯ Yes ◯ No

c. Drawings or sketches: ◯ Yes ◯ No

d. Test reports: ◯ Yes ◯ No

5. FOUNDATION

a. Describe Building Foundation:

Main structure is supported by a concrete foundation, however there are no as-built plans to review original design. Exterior ground level timber decks are supported by isolated concrete footings.

b. Is Wood in Contact or Near Soil? ◯ Yes (X) No ◯ N/A, Explain Below

c. Signs of Differential Settlement? ◯ Yes (X) No

If Yes, Explain:

d. Describe Any Cracks, Separation, or Other Signs in the Walls, Column or Beams that Signal Differential Settlement:

n/a

e. Is water drained away from the foundation?

If No, Explain: (X) Yes ◯ No

Grade drains away from the foundation.

f. Is there additional Sub-Soil Investigation required? ◯ Yes (X) No

If Yes, Describe:

6. MASONRY BEARING WALL – Indicate Good, Fair, Poor, or Significant on Appropriate Lines (Definitions for assessments can be found in section 19)

Does this building have Masonry Bearing Walls? If yes, continue on. If no, skip to Section 7.

(Note: ⓘ Good, Fair, Poor, Significant) (X) Yes ( ) No

a. Concrete Masonry Units:
(X) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

b. Clay Tile or Cotta Units:
( ) Good ( ) Fair ( ) Poor ( ) Significant (X) N/A

c. Reinforced concrete tie Columns:
(X) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

d. Reinforced Concrete Tie Beams:
(X) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

e. Lintel:
(X) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

f. Other Type Bond Beams:
(X) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

g. Masonry Finishes – **Exterior**:

1. Stucco:
(X) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

2. Veneer:
( ) Good ( ) Fair ( ) Poor ( ) Significant (X) N/A

3. Paint Only:
( ) Good ( ) Fair ( ) Poor ( ) Significant (X) N/A

4. Other:
(X) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

Explain:

All CMU/RC is in good condition. Timber framed portion of structure is in good condition and needs to have siding removed and replaced.

h. Cracks – Note Beams, Columns, or Others, Including Locations (Description):

n/a

i. Spalling – In Beams, Columns, or Others, Including Locations (Description):

n/a

j. Rebar Corrosion – Check Appropriate Line:

1. (X) None Visible
2. ( ) Minor – Patching will suffice
3. ( ) Significant – Patching will suffice
4. ( ) Significant – Structural repairs required

Describe:

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

1. (X) No
2. ( ) Yes – Describe color, texture, aggregate, general quality:

7. FLOOR AND ROOF SYSTEM (Note: ⓘ Good, Fair, Poor, Significant) Add Attachments

a. Roof:

1) Roof Pitch

- [x] Flat
- [ ] Pitched

2) Roof Structural Framing

- [x] Wood
- [ ] Steel
- [ ] Concrete
- [ ] Unknown
- [ ] Other

If Other, Describe:

3) Roof Structural Framing Condition:

(x) Good ( ) Fair ( ) Poor ( ) Significant

4) Roof Deck Material

- [ ] Concrete
- [x] Wood
- [ ] Structural concrete on steel deck
- [ ] Non-structural / insulating concrete on steel deck
- [ ] Bare steel deck
- [ ] Other

Describe:

5) Roof Cladding Type

- [ ] Tile
- [ ] Asphalt shingles
- [ ] Built-up roofing (BUR)
- [x] Single ply (Membrane)
- [ ] Metal
- [ ] Other

Describe:

TPO

[7. FLOOR AND ROOF SYSTEM CONTINUED] (Note: ⓘ Good, Fair, Poor, Significant)

6) Roof Covering Condition

(X) Good ( ) Fair ( ) Poor ( ) Significant

7) Note Water Tanks, Cooling Towers, Air Conditioning Equipment, Signs, Other Heavy Equipment and Condition of Support:

None

8) Note Types of Drains, Scuppers, and Condition:

None

9) Describe Parapet Construction and Current Condition:

No parapet. Flat roof with TPO (Installed May 2023) and drip edge.

10) Describe Mansard Construction and Current Condition:

( ) Good ( ) Fair ( ) Poor ( ) Significant (X) N/A

11) Describe Any Roofing Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection:

n/a

12) Note Any Expansion Joint and Condition:

◯ Good ◯ Fair ◯ Poor ◯ Significant

n/a

b. Floor System(s):

1. Describe (Type of System Framing, Material, Spans, Condition, Balconies):

Condition:

(X) Good ◯ Fair ◯ Poor ◯ Significant

Floor system is made up of 2x members.

2. Balcony Structural System

(X) Edge and Building Face
◯ Supported Cantilever
◯ No Balcony

(If no balcony skip to number 7, Stairs and Elevators)

Balconies are supported by 2x member joist framing.

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

(X) Ocean facing

◯ Non-ocean facing

Balconies are located on the East & West sides of the building.

4. Balcony Construction

- ☐ Concrete
- ☐ Steel framing with concrete topping
- ☒ Wood
- ☐ 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)
- ○ Significant

6. Balcony Condition Description (e.g., Spalling, Cracking, Rebar Corrosion)

Balconies are in good structural condition.

7. Stairs and Elevators – Indicate location, framing system, material, and condition:

Stairs are constructed of CMU & RC and are in good condition.

8. Ramps – Indicate location, framing system, material, and condition:

n/a

9. Guardrails – Indicate type, location, and material
(If no Guardrail, skip to "c. Inspection")

- [x] Wood
- [ ] Stainless Steel
- [ ] Glass
- [ ] None
- [ ] Metal
- [ ] Ungalvanized Steel
- [x] CMU Kneewall
- [ ] Aluminum
- [x] Concrete Kneewall
- [ ] Other _____

Describe any details:

Gaurdrails are a combination of wood and stuccoed CMU/RC construction. All meets code and are in good condition.

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

(x) Good ( ) Fair ( ) Poor ( ) Significant, Describe:

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

Unit 6 had water intrusion and had drywall and flooring removed to the studs.

8. STEEL FRAMING SYSTEM

Add Attachments

Steel Framing System Exists: ◯ Yes (X) No (If no Steel Framing System, skip to section 9)

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

Add Attachments

Concrete Framing System Exists: (X) Yes ( ) No (If no Concrete Framing System, skip to section 10)

a. Full Description of Structural System:

North & South CMU/RC Stair Towers, concrete foundation, and isolated concrete deck footings. See next page for minor spalling observed under the stairs of the north first floor storage.

b. Cracking:

1. ( ) Significant (X) Not Significant

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

Some patched cracks were observed in stucco on stairwells.

c. General Condition Description:

No areas of concern were observed.

d. Rebar Corrosion – Check Appropriate Line:

1. (X) Non-Visible
2. ( ) Significant – Patching will suffice
3. ( ) Significant – Structural repairs required

Describe:

North storage room on fist floor showed minor signs of spalling unders the stairs and at entryway to storage. Patching required.







[9. CONCRETE FRAMING SYSTEM CONTINUED]

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

1. (X) 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)):

n/a

(Note: ⓘ Good, Fair, Poor, Significant)

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
(If Other, Describe):

Metal

2. Anchorage Type and Condition of Fasteners and Latches

Screws

3. Sealant Type and Condition of Sealant:
ⓧ Good ◯ Fair ◯ Poor ◯ Significant

4. Describe General Condition:

Good

5. Describe repairs needed:

n/a

11. WOOD FRAMING

Add Attachments

Wood Framing System Exists: (x) Yes ( ) No (If no Wood Framing System, skip to section 12)

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

Wood franing is present in the exterior walls, floor joists, decks, railings, and roof rafters.

b. Indicate Condition of the Following:

1. Walls:

Wall framing is currently covered with a water resistant membrain and condition can not be seen. Future scope of work is to remove the membrain and install new wall system per code. Contractor shall report any questionable sheathing conditions during demo to EOR. Unit 6 has been stripped to the studs. All framing to be conventional and shall be updater per code.

2. Floors:

All visible floor joist that were exposed under decks, in Unit 6, and under balconies were in good condition.

3. Roof Member, Roof Trusses:

Roof rafters were not visible, however the the TPO roof (Installed May 2023) was in good condition and showed signs of positive drainage.

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

n/a

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

n/a

e. Drainage – Note accumulations of moisture:

No areas of drainage concern were observed.

f. Ventilation – Note any concealed spaces not ventilated:

No ventilation issues were observed.

g. Note any concealed spaces opened for inspection:

Units with garage are 6,7,8,9, & 10. Garage 6, 8, and 9 were availible for inspection and no issues were found. Ground floor storage units on north and south were opened and inspected. North storage inspection was noted in Section 9.

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

n/a

12. BUILDING FACADE INSPECTION

Add Attachments

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

Building is a combination of stuccoed concrete and wood framing. Existing wood framing is currently only covered in a water restistant membrane. Unlicensed contractor started building improvements and stop work oder was issued. Future scope of work is to bring entire building into compliance.

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

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):

none

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.):

None

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

n/a

14. DETERIORATION

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

None

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

Add Attachments

17. SUMMARY OF FINDINGS

The below Condition(s) were noted within this Phase 1 Inspection.	Phase 2 Inspection Required:
☐ Indication of Dangerous Condition Observed	○ Yes ○ No
☐ Actual Dangerous Condition Observed	○ Yes ○ No
☐ Indication of Substantial Structural Deterioration Observed	○ Yes ○ No
☐ Actual Substantial Structural Deterioration Observed	○ Yes ○ No
☒ Indication of Need for Maintenance	○ Yes ⊗ No
☐ Indication of Need for Repair	○ Yes ○ No
☒ Indication of Need for Replacement	○ Yes ⊗ No
☐ Inaccessible Condition of Structural Component	○ Yes ○ No

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:

Unlicensed contractor began exterior siding removal and replacement. Upon completion of this milestone report, a detailed scope of work will be provided to the building department to obtain a permit by certified licensed FL contractors to bring the building into compliance.

Add Attachments

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.

Major Structural Component. Means a building's load-bearing elements, primary structural members, and primary structural systems.

Substantial Structural Deterioration. Means a condition that negatively affects a building's structural condition and integrity, or a major structural component whose condition meets the definition of Dangerous. The term does not include surface imperfections such as cracks, distortion, sagging, deflections, misalignment, signs of leakage, or peeling of finishes unless the licensed engineer or architect performing the phase one or phase two inspection determines that such surface imperfections are a sign of substantial structural deterioration.

Unsafe conditions. Buildings that are or hereafter become *unsafe*, insanitary or deficient because of inadequate means of egress facilities, inadequate light and ventilation, or that constitute a fire hazard, or are otherwise dangerous to human life or the public welfare, or that involve illegal or improper occupancy or inadequate maintenance, shall be deemed an *unsafe* condition. *Unsafe* buildings shall be taken down and removed or made safe as the *code official* deems necessary and as provided for in this code. A vacant building that is not secured against unauthorized entry shall be deemed *unsafe*. If an owner of the building fails to submit proof to the local enforcement agency that repairs have been scheduled or have commenced for substantial structural deterioration identified in a phase two milestone inspection report within the required timeframe, the local enforcement agency must review and determine if the building is unsafe for human occupancy.

Dangerous. Any building, structure or portion thereof that meets any of the conditions described below shall be deemed dangerous:

1. The building or structure has collapsed, has partially collapsed, has moved off its foundation or lacks the necessary support of the ground.

2. There exists a significant risk of collapse, detachment or dislodgment of any portion, member, appurtenance or ornamentation of the building or structure under permanent, routine, or frequent loads; under actual loads already in effect; or under wind, rain, flood, or other environmental loads when such loads are imminent.