



MILESTONE INSPECTION REPORT SUBMITTAL FORM

Structure Address: _____

Building #: _____

Select One:

Phase One Inspection: _____ Phase Two Inspection: _____

Fee: \$100.00

FOR BUILDING OFFICE USE ONLY:

App #: _____

Date: _____

Received By: _____

Receipt #: _____

Reviewed By: _____

Comments: _____

PHASE 1 - Milestone Inspection

Inspection Firm or Individual
Name: _____
Address: _____
Telephone
Number: _____
Inspection Commenced
Date: _____ Inspection Completed
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

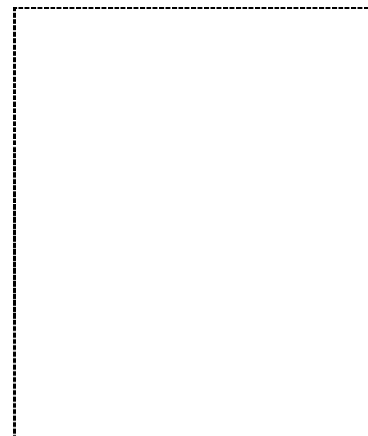
Licensed Design
Professional:

Engineer

Architect

Name: _____

License
Number: _____



Seal

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

Signature: _____ 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:

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: 2. Building footprint area:	Number of Stories:
l. Name of the Condo or Coop entity:	
m. Special Features: _____ _____ _____ _____ _____	
n. Describe any additions to original structure: _____ _____ _____ _____ _____	
o. Distance to the coast: _____ _____ _____ _____	

2. PRESENT CONDITION OF STRUCTURE

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

1. Bulging:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Significant (Explain):
<hr/> <hr/> <hr/>								

2. Settlement:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Significant (Explain):
<hr/> <hr/> <hr/>								

3. Deflections:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Significant (Explain):
<hr/> <hr/> <hr/>								

4. Expansion:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Significant (Explain):
<hr/> <hr/> <hr/>								

5. Contraction:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Significant (Explain):
<hr/> <hr/> <hr/>								

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

Wood

Structural concrete on steel deck

Non-structural / insulating concrete on steel deck

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 topping

Wood

Other (define in narrative)

5. Balcony condition rating

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Wood

Metal

Aluminum

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Stainless steel

Ungalvanized Steel

Concrete Kneewall

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Glass

CMU Kneewall

Other _____

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

- | | |
|--------------------------|------|
| <input type="checkbox"/> | Good |
| <input type="checkbox"/> | Fair |
| <input type="checkbox"/> | 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.	<input type="checkbox"/>	None Visible
2.	<input type="checkbox"/>	Location and description of members affected and type cracking
3.	<input type="checkbox"/>	Significant – Patching will suffice
4.	<input type="checkbox"/>	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
