

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

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): _____

Inspection Engineer/Architect Name and License Number: _____

Address: _____

Telephone Number: _____

Assuming Responsibility for: All Portion - If Portion please list: _____

Inspection Commenced Date: _____ Inspection Completed Date: _____

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

Passed Phase 1 Inspections

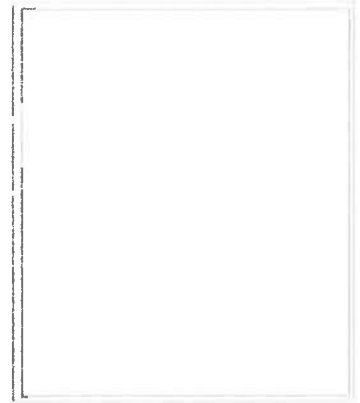
Licensed Design
Professional:

Engineer

Architect

Name: _____

License
Number: _____



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 _____

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

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

2. PRESENT CONDITION OF STRUCTURE

Add Attachments



a. General Alignment (Note: **1** Good, Fair, Poor, Significant - Explain if significant):

1. Bulging: Good Fair Poor Significant

2. Settlement: Good Fair Poor Significant

3. Deflections: Good Fair Poor Significant

4. Expansion: Good Fair Poor Significant

5. Contraction: Good Fair Poor Significant

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

[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

Location: 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
If Yes, Describe:

3. INSPECTIONS

Add Attachments



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

 Yes No

Explanation/Comments:

4. SUPPORTING DATA ATTACHED

Add Attachments

Check if attached:

a. Sheets of written data: Yes Nob. Photographs: Yes Noc. Drawings or sketches: Yes Nod. Test reports: Yes No

5. FOUNDATION



a. Describe Building Foundation:

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

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:

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. 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: **1** Good, Fair, Poor, Significant) Yes No

a. Concrete Masonry Units:

Good Fair Poor Significant N/A

b. Clay Tile or Cotta Units:

Good Fair Poor Significant N/A

c. Reinforced concrete tie Columns:

Good Fair Poor Significant N/A

d. Reinforced Concrete Tie Beams:

Good Fair Poor Significant N/A

e. Lintel:

Good Fair Poor Significant N/A

f. Other Type Bond Beams:

Good Fair Poor Significant N/A

g. Masonry Finishes – **Exterior**:

1. Stucco:

Good Fair Poor Significant N/A

2. Veneer:

Good Fair Poor Significant N/A

3. Paint Only:

Good Fair Poor Significant N/A

4. Other:

Good Fair Poor Significant N/A

Explain:

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

[6. MASONRY BEARING WALL CONTINUED]

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:

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

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

Add Attachments



a. Roof:

1) Roof Pitch

Flat

Pitched

2) Roof Structural Framing

Wood

Steel

Concrete

Unknown

Other

If Other, Describe:

3) Roof Structural Framing Condition:

Good Fair Poor Significant

4) Roof Deck Material

Concrete

Bare steel deck

Wood

Other

Structural concrete on steel deck

Non-structural / insulating concrete
on steel deck

Describe:

5) Roof Cladding Type

Tile

Single ply (Membrane)

Asphalt shingles

Metal

Built-up roofing (BUR)

Other

Describe:

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

6) Roof Covering Condition

Good Fair Poor Significant

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:

Good Fair Poor Significant N/A

[7. FLOOR AND ROOF SYSTEM CONTINUED] (Note: ① Good, Fair, Poor, Significant)

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):

1. 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, Stairs and Elevators)

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

- Ocean facing
- Non-ocean facing

[7. FLOOR AND ROOF SYSTEM CONTINUED] (Note: ① Good, Fair, Poor, Significant)

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)

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

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

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

9. Guardrails – Indicate type, location, and material

(If no Guardrail, skip to "c. Inspection")

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

Describe any details:

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

- 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:

8. STEEL FRAMING SYSTEM

Add Attachments



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

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 Description:

d. Rebar Corrosion – Check Appropriate Line:

1. Non-Visible

2. Significant – Patching will suffice

3. Significant – Structural repairs required

Describe:

[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. 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)):

(Note: **i** 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):

2. Anchorage Type and Condition of Fasteners and Latches

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

[10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS CONTINUED]

4. Describe General Condition:

5. Describe repairs needed:

11. WOOD FRAMING

Add Attachments



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

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. WOOD FRAMING CONTINUED]

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 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.):
- 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

Add Attachments

17. SUMMARY OF FINDINGS



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

Phase 2 Inspection Required:

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- 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:

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.

MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM PHASE 2

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3. Identify the Damage and Describe the Extent of the Substantial Structural Deterioration	Page 5
4. Identify and Define Areas Requiring Added Inspection / Results of Testing	Page 5
5. Describe Manner and Type of Inspection Performed	Page 5
6. Provide Graded Urgency of Each Recommended Repair	Page 6
7. State Whether Unsafe Conditions Exist	Page 6
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9. Safe Occupancy Determination	Page 7
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MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM

PHASE 2 Milestone Inspection



Note: All Required Fields Appear in Red

<p>Licensed Engineer(s) or Architect(s) Responsible for the Milestone Inspection</p> <p>Inspection Firm Name (if applicable): _____</p> <p>Inspection Engineer/Architect Name and License Number: _____</p> <p>Address: _____</p> <p>Telephone Number: _____</p> <p>Assuming Responsibility for: <input type="radio"/> All <input type="radio"/> Portion - If Portion please list: _____</p> <p>Inspection Commenced Date: _____ Inspection Completed Date: _____</p> <p>Additional Inspection Firm Name (if applicable): _____</p> <p>Additional Inspection Engineer/Architect Name: _____</p> <p>Address: _____</p> <p>Telephone Number: _____</p> <p>Assuming responsibility for: <input type="radio"/> All <input type="radio"/> Portion – If portion please list: _____</p> <p>Inspection Commenced Date: _____ Inspection Completed Date: _____</p> <p>NOTE: Add pages as required to list all additional design professionals assuming responsibility for the Milestone Inspection or portions thereof.</p>
--

Please check all that apply:

Summary of Phase 1 Findings

- 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 10 Summary of Findings for Phase 2 Milestone Inspection

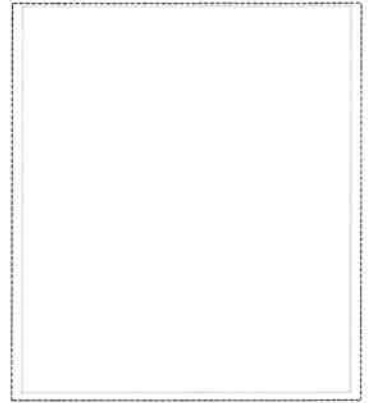
Licensed Design
Professional:

Engineer

Architect

Name: _____

License
Number: _____



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 _____

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

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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Signature: _____ Date _____

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See: General Considerations & Guideline

Supporting Data Attached:

Add Attachments

1. DESCRIPTION OF STRUCTURE	Add Attachments	
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:	Number of Stories:	
1. Total Building Area:		
2. Building Footprint Area:		
l. Name of the Condo or Coop Entity:		
m. Special Features:		
n. Describe any Additions to Original Structure:		
o. Approximate Distance to the Coast and Method Used to Determine Distance:		

2. DESCRIBE REFERENCES CITED UNDER PHASE 1 REPORT FOR FOLLOW-UP:



3. IDENTIFY THE DAMAGE AND DESCRIBE THE EXTENT OF THE SUBSTANTIAL STRUCTURAL DETERIORATION ALONG WITH NEED FOR MAINTENANCE, REPAIR, AND/OR REPLACEMENT RECOMMENDATIONS:

4. IDENTIFY AND DESCRIBE AREAS REQUIRING ADDED INSPECTION AS WELL AS RESULTS OF ANY TESTING:

5. 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.

6. PROVIDE GRADED URGENCY OF EACH RECOMMENDED REPAIR:



7. 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.

8. IDENTIFY AND DESCRIBE ANY ITEMS REQUIRING ADDITIONAL INSPECTIONS:

Add Attachments

9. 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

10. SUMMARY OF FINDINGS

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

- The Building has Substantial Structural Deterioration or is considered dangerous, 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.

If Corrective Action is required an Amended Milestone Inspection Report must be submitted upon completion of the work.

**Upon completion of the corrective action the Design Professional in charge of the Milestone Inspection must submit an amended Phase 1 Milestone Inspection Report per Chapter 18 of the Florida Building Code - Existing Buildings.*

Add Attachments