(Source – Miami-Dade and Broward Counties Building Safety Inspection Program with staff comments)

**PHASE 2 Milestone Inspection**

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| **1. DESCRIPTION OF STRUCTURE** |
| 1. Name on Title: |
| 1. Street Address: |
| 1. Legal Description: |
| 1. Owner’s Name: |

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

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| Name: |  | | | |
| Address: | |  | | |
| Telephone Number: | | |  |  |

* Name and contact information of the licensed individual(s) conducting the inspection

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| Inspection Firm or Individual Name: | | | |  | | | | |  | |
| Address: |  | | | | | | | |
| Telephone Number: | |  | | | | |  | |
| Inspection Commenced Date: | | |  | |  | Inspection Completed Date: | |  | |
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* Provision for signature and seal of the licensed individual conducting the inspection

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|  | Substantial Structural Deterioration Observed; Structural Evaluation is required |

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|  | Inaccessible Condition of Major Structural Component; The Milestone Inspection was not able to conclude the Structural Condition of inaccessible areas. |
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|  | Potentially Dangerous Condition Observed; Structural Evaluation is required |
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|  | Dangerous Condition Observed; Notify Building Official; Structural Evaluation is required |

See Section WW for Summary of Assessment and Section XX for Summary of Findings

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| Licensed Design Professional: | | | |  |  | Engineer | |  | |  | | Architect | | | | | | | | |  |  | | |
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| Name: |  | | | | | | | | | | | |  | | | | | | | | |  | |
| License Number: | | |  | | | | | | | | | | | | | | | | |  | |  | |
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| I am qualified to practice in the discipline in which I am hereby signing, | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | |  | | Date: | | |  | | | |
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| **1. Describe references cited under Phase 1 report for follow up:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. Identify the damage and describe the extent of the SSD needed along with need for maintenance, repair, and/or replacement recommendations:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. Identify and describe areas requiring added inspection as well as results of any testing:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Describe manner and type of inspections performed:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. Provide graded urgency of each recommended repair** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. State whether unsafe or dangerous conditions exist, as these terms are defined in the Florida Building Code, were observed.** |
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| **7. Identify and describe any items requiring additional inspections** |
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| **WW. SUMMARY OF ASSESSMENT** |
| 1. Provide Plan View, Elevation View, and/or Isometric Sketch or Aerial Mark-up indicating the location of the load-bearing elements, primary structural members, and primary structural systems. This should be provided as an attachment to this Form. 2. List the material type and lateral system type of the load-bearing elements, primary structural members, and primary structural systems present within this building. This can be provided as an attachment to this Form. 3. As applicable, provide photographs and list the location(s) of each of the structural item(s)/condition(s) which were considered to meet the following conditions during the Phase 2 Milestone Inspection. This can be provided as an attachment to this Form.    1. Dangerous:    2. Potentially Dangerous:    3. Substantial Structural Deterioration: 4. See Table 1807.2-Table Identification Number for details of observed conditions, testing, and exploratory work performed during the Phase 2 Inspection. 5. If apparent Deterioration was observed but was concluded to not meet the definition of Substantial Structural Deterioration, for each applicable item, list the type of deterioration observed and the steps taken by the Milestone Inspector to verify that the deterioration was not substantial structural deterioration (ie: performed attached calculation, verified that the deterioration was aesthetic and was not within the structural component, verified that the apparent deterioration pattern was not consistent with patterns of overloading, settlement, or material failure): 6. If any load-bearing element, primary structural member, and/or primary structural system was not accessible or able to be inspected during Phase 2, indicate the location(s), element(s), or system(s) which require further inspection by a Structural Evaluation. This can be provided as an attachment to this Form. 7. Provide the year(s) that the exterior and interior of the building was painted. 8. As applicable, list the areas of the building that had been painted or otherwise “maintained or repaired” within 2 years of the Milestone Inspection. This can be provided as an attachment to this Form. |

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| **XX. SUMMARY OF FINDINGS** |
| The below Condition(s) were noted within this Phase 2 Inspection. See Table 1807.2-Table Identification Numbers *and/or Section WW of Form* for Location(s) of items Checked as Observed within this Section.   |  |  | | --- | --- | |  | Indication of Dangerous Condition Observed | |  |  | |  | Actual Dangerous Condition Observed | |  |  | |  | Indication of Substantial Structural Deterioration Observed | |  |  | |  | Actual Substantial Structural Deterioration Observed | |  |  | |  | Need for maintenance | |  |  | |  | Need for repair | |  |  | |  | Need for replacement | |  |  | |  | Inaccessible Condition of Structural Component | |

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| **YY. DEFINITIONS OF TERMS** |
| Good: No Substantial Structural Deterioration and No Dangerous Condition Observed. No need for maintenance, repair, or replacement.  Fair: Indication of Substantial Structural Deterioration Observed and No Dangerous Condition Observed. Indication of need for maintenance, repair, or replacement.  Poor: Actual Substantial Structural Deterioration Observed and No Dangerous Condition Observed. Need for maintenance or repair, but no need for replacement.  Significant: Any Observation which is an Indication of Dangerous Condition or Actual Dangerous Condition. Need for Structural Evaluation. And/or need for replacement. |