

MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM PHASE 2

TABLE OF CONTENTS - Click on the subject or page number to advance to each section

Licensed Engineer or Architect Responsible for	Page 1
Milestone Inspection Licensed Design Professional 1	Page 2
Certification Licensed Design Professional 2 Certification	Page 3
1. Description of Structure	Page 4
2. References Cited Under Phase 1 Report Follow-Up	Page 5
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
8. Any Items Requiring Additional Inspection	Page 6
9. Safe Occupancy Determination	Page 7
10. Summary of Findings	Page 7

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

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

Inspection Firm Name (if applicable): Stone Building Solutions (SBS)

Inspection Engineer/Architect Name and License Number: Dudley McFarquhar FL P.E. #48598

Address: 260 1st Ave S # 225, St. Petersburg, FL 33701

Telephone Number: 800-892-1116

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

Inspection Commenced Date: 2/12/2025 Inspection Completed Date: 2/12/2025

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.

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:

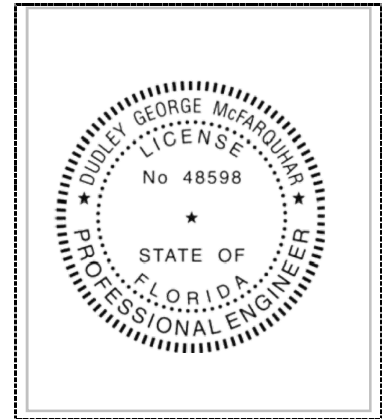
☒ Engineer

☐ Architect

Name: Dudley McFarquhar

License

Number: #48598



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: *Dudley McFarquhar* Date 2/27/2025

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

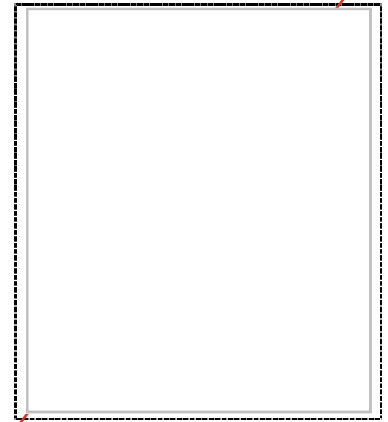
Licensed Design
Professional:

☐ 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

1. DESCRIPTION OF STRUCTURE		Add Attachments	
a. Name on Title:	R.P.O Condominium Association, Inc.		
b. Street Address:	1505 N Hwy A1A, Indialantic, FL, 32903		
c. Legal Description:	ROYAL PALM CONDO PART OF OCEAN PARK SUBD AS DESC IN ORB 3447 PG 3758 AND ALL AMENDMENTS THERETO.		
d. Owner's Name:	Bruce Helies		
e. Owner's Mailing Address:	351 Coconut Dr, Indialantic, FL 32903, USA		
f. Email Address:	jerzmarine6@gmail.com		Contact Number:
g. Folio Number of Property on Which Building is Located:	Parcel ID: 27 3830-1A-201-.XA		
h. Building Code Occupancy Classification:	Residential - R2		
i. Present Use:	Condominium		
j. General Description:	Single 6-story oceanfront condominium building		Type of Construction: Fire-resistive
k. Square Footage:	1. Total Building Area: 60,270 SF approx from satellite 2. Building Footprint Area: 10,770 SF Approx from satellite		
l. Name of the Condo or Coop Entity:	R.P.O Condominium Association, Inc.		
m. Special Features:	N/A		
n. Describe any Additions to Original Structure:	None that SBS is aware of.		
o. Approximate Distance to the Coast and Method Used to Determine Distance:	Oceanfront building - approximately 160 ft from the coast measured from satellite.		

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



In the Phase I investigation, cracks were identified on the balcony slab edges at multiple areas indicating likely rebar deterioration. Multiple areas on the balcony soffits, and on the soffits below the second-floor balconies, were observed to have de-laminated stucco and possible concrete spalling. Cracks were also identified at the exterior walls on the southeast corner of the building, at the same area where unit owners on the 04 stack have been receiving water leaking into their units. Further investigation of all of these areas was required during the Phase II investigation.

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

Substantial rebar corrosion was identified through destructive testing at an area where a crack was identified on Unit 504 balcony. At this area, rebar will need to be replaced for approximately 6' from the southeast corner of the balcony. It is expected that corroded rebar is also present at other areas displaying similar exterior damage. At all areas, rebar will either need to be thoroughly cleaned with a wire brush or replaced prior to patching the area of concrete. At the areas of de-laminated stucco on the soffit below Unit 204 balcony, corroded rebar was also observed when the stucco was removed. At this area, however, the placement of the rebar was also very low at the middle of the slab, with no concrete slab cover around it. The stucco cladding in the area was the only thing covering the low rebar. The rebar at this area and all other areas with low rebar will need to be replaced and the slab will need to be re-poured, as the extremely low placement of the rebar diminishes the strength of the slab from its original designed strength. See mapping image in attached Phase II report and photo narrative of areas of expected repairs based on results from destructive testing at these representative areas. A visual inspection was also conducted at the southeast corner using the lift for a better viewpoint. Repairs must be done at the southeast corner for the entire height of the 04 stack at the areas on the exterior walls displaying cracks. At these areas the stucco should be completely removed and replaced. Any damage identified to the CMU block or metal studs during the remediation should be properly repaired. Please see attached Phase II report for further maintenance items that have been recommended to the association.

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

At all areas where concrete and/or stucco was removed during the Phase II inspection, corroded rebar in need of replacement or proper cleaning and coating was identified. Although no further inspection is required prior to remediation work, the extent of rebar damage at each area identified requiring repair will not be known until the concrete is removed during remediation.

5. DESCRIBE MANNER AND TYPE OF INSPECTION PERFORMED:

Destructive testing was performed at Unit 504 balcony where a slab edge crack was identified. Concrete was chipped away to examine the condition of the rebar. Destructive testing was also performed at the soffit below Unit 204 balcony at three (3) areas with delaminated stucco. The stucco was removed and some concrete was chipped away to observe the condition of the rebar. Further visual inspection was done utilizing a lift at the exterior wall on the southeast corner of the

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:

Areas of required repair on balconies should be commenced within 1 year of the completion date of this report (2/14/25)

7. STATE WHETHER UNSAFE OR DANGEROUS CONDITIONS EXIST, AS THESE TERMS ARE DEFINED IN THE FLORIDA BUILDING CODE, WHERE OBSERVED:

No unsafe or dangerous conditions were observed, however, substantial structural deterioration was 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:

No areas require 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