



Monroe County Building Department

<http://www.monroecounty-fl.gov/1303/Building-Safety-Inspection-Program-BSIP>

Building Safety Inspection Program Milestone Inspection

Please submit one form per each building

Check the appropriate boxes below:

25 Year Re-Inspection	OR	10 Year ReCertification
Milestone Inspection Phase 1	OR	Milestone Inspection Phase 2

BSIP Number: _____ (Referenced on Notice of Required Milestone Inspection Letter)

Name of Contact Person	Phone Number	Email	Date of Submittal
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DESCRIPTION OF BUILDING			
Name of Condo:		Building #/Name:	
Owner Name:		Phone Number:	
Mailing Address:		Email:	
Building Address:		Parcel ID (RE #):	
City:	State:	Zip Code:	

ENGINEER/ARCHITECT INFORMATION (Structural)			
Name of Firm or Individual:			
Contact Name:		Contact Phone Number:	
Contact Mailing Address:		Contact Email:	
Licensed Professional Engineer/Architect:			License #:

INSPECTION RESULTS	
No Repairs Needed as outlined on attached Report Letter of Compliance included if No Repairs Needed Repairs are Required as outlined on attached Report	 (seal)

Please make sure your package includes ONE of the following payments with this form and Inspection Results:

- Payment of \$426 (per building) for Initial 25 Year Recertification (Milestone Inspection Phase 1 only)
- Payment of \$426 (per building) for 10 Year Recertification
- Payment of \$106 (per building) for every resubmitted Milestone Inspection Phase 1 or Phase 2 report

Form and payment (check or money order payable to Monroe County Building Department) must be mailed to:

Monroe County Building Department
Attn: Building Safety Inspection Program
102050 Overseas Highway
Key Largo, FL 33037

MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM PHASE 1

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

Licensed Design Professional 1 Certification	Page 2
Licensed Design Professional 2 Certification	Page 3
1. Description of Structure	Page 4
2. Present Condition of Structure	Page 5
3. Inspections	Page 7
4. Supporting Data Attached	Page 7
5. Foundation	Page 8
6. Masonry Bearing Wall	Page 9
7. Floor and Roof System	Page 11
8. Steel Framing System	Page 16
9. Concrete Framing System	Page 17
10. Windows, Storefronts, Curtainwalls, and Exterior Doors	Page 19
11. Wood Framing	Page 21
12. Building Façade Inspection	Page 23
13. Special or Unusual Features in the Building	Page 23
14. Deterioration	Page 23
15. Unsafe Conditions	Page 24
16. Safe Occupancy Determination	Page 24
17. Summary of Findings	Page 25
18. Review of Existing Documents and Permit Records	Page 25
19. Definition of Terms	Page 26

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.

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:

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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See: General Considerations & Guideline

Supporting Data Attached:

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:

Number of Stories:

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. PRESENT CONDITION OF STRUCTURE



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



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

Check if attached:

a. Sheets of written data: Yes No

b. Photographs: Yes No

c. Drawings or sketches: Yes No

d. 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: **i** 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: **i** Good, Fair, Poor, Significant)



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:

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

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

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:

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



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



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)):

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



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



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

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:

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.