



City of Key Colony Beach

P.O. Box 510141, Key Colony Beach, FL 33051-0141 • Phone: 305-289-1212
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www.keycolonybeach.net

MINIMUM INSPECTION PROCEDURAL GUIDELINES FOR BUILDING STRUCTURAL RECERTIFICATION

INSPECTION COMMENCED

Date: _____

INSPECTION COMPLETED

Date: _____

INSPECTION TYPE: (Please select one from each line)

- Phase 1 OR Phase 2
 25 Year Inspection OR 10 Year Recertification

INSPECTION MADE BY: _____

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

ADDRESS: _____

1. DESCRIPTION OF STRUCTURE

a. Name on Title:

b. Street Address:

c. Legal Description:

d. Owner's Name:

e. Owner's Mailing Address:

f. Folio Number of Property on which Building is Located:

g. Building Code Occupancy Classification:

h. Present Use:

i. General Description:

Addition Comments:

j. Additions to original structure:

2. PRESENT CONDITION OF STRUCTURE

a. General alignment (Note: good, fair, poor, explain if significant)

- 1. Bulging
- 2. Settlement
- 3. Deflections
- 4. Expansion
- 5. Contraction

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 stains.

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 1 and 2 mm width; WIDE if over 2 mm.

e. General extent of deterioration – cracking or spalling of concrete or masonry, oxidation of metals; rot or borer attack in wood.

f. 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 individual submitting report:

d. Description of laboratory or other formal testing, if required, rather than manual or visual procedures

e. Structural repair-note appropriate line:

1. None required

2. Required (describe and indicate acceptance)

4. SUPPORTING DATA

a. _____ sheet written data

b. _____ photographs

c. _____ drawings or sketches

5. MASONRY BEARING WALL = Indicate good, fair, poor on appropriate lines:

a. Concrete masonry units

b. Clay tile or terra cotta units

c. Reinforced concrete tie columns

d. Reinforced concrete tie beams

e. Lintel

f. Other type bond beams

g. Masonry finishes -exterior

1. Stucco

2. Veneer

3. Paint only

4. Other (describe)

h. Masonry finishes - interior

1. Vapor barrier

2. Furring and plaster

3. Paneling

4. Paint only

5. Other (describe)

i. Cracks

1. Location – note beams, columns, other

2. Description

j. Spalling

1. Location – note beams, columns, other

2. Description

k. Rebar corrosion-check appropriate line

1. None visible

2. Minor-patching will suffice

3. Significant-but patching will suffice

4. Significant-structural repairs required
I. Samples chipped out for examination in spall areas:
1. No
2. Yes – describe color, texture, aggregate, general quality

6. FLOOR AND ROOF SYSTEM
a. Roof
1. Describe (flat, slope, type roofing, type roof deck, condition)
2. Note water tanks, cooling towers, air conditioning equipment, signs, other heavy equipment and condition of support:
3. Note types of drains and scuppers and condition:
b. Floor system(s)
1. Describe (type of system framing, material, spans, condition)
c. Inspection – note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members.

7. STEEL FRAMING SYSTEM
a. Description

b. Exposed Steel- describe condition of paint and degree of corrosion
c. Concrete or other fireproofing – note any cracking or spalling and note where any covering was removed for inspection
d. Elevator sheave beams and connections, and machine floor beams – note condition:

8. CONCRETE FRAMING SYSTEM
a. Full description of structural system
b. Cracking
1. Not significant
2. Location and description of members affected and type cracking
c. General condition
d. Rebar corrosion – check appropriate line
1. None visible
2. Location and description of members affected and type cracking
3. Significant but patching will suffice
4. Significant – structural repairs required (describe)
e. Samples chipped out in spall areas:
1. No
2. Yes, describe color, texture, aggregate, general quality:

9. WINDOWS
a. Type (Wood, steel, aluminum, jalousie, single hung, double hung, casement, awning, pivoted, fixed, other)
b. Anchorage- type and condition of fasteners and latches
c. Sealant – type of condition of perimeter sealant and at mullions:
d. Interiors seals – type and condition at operable vents
e. General condition:

10. WOOD FRAMING
a. Type – fully describe if mill construction, light construction, major spans, trusses:
b. Note metal fitting i.e., angles, plates, bolts, split pintles, other, and note condition:
c. Joints – note if well fitted and still closed:
d. Drainage – note accumulations of moisture
e. Ventilation – note any concealed spaces not ventilated:
f. Note any concealed spaces opened for inspection:



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MINIMUM INSPECTION PROCEDURAL GUIDELINES FOR BUILDING ELECTRICAL RECERTIFICATION

INSPECTION COMMENCED

Date: _____

INSPECTION MADE BY: _____

SIGNATURE: _____

INSPECTION COMPLETED

Date: _____

PRINT NAME: _____

TITLE: _____

ADDRESS: _____

DESCRIPTION OF STRUCTURE

a. Name on Title:

b. Street Address:

c. Legal Description:

d. Owner's Name:

e. Owner's Mailing Address:

f. Folio Number of Property on which Building is Located:

g. Building Code Occupancy Classification:

h. Present Use:

i. General Description, Type of Construction, Size, Number of Stories, and Special Features

Additional Comments:

Multiple horizontal lines for handwritten input.

MINIMUM GUIDELINES AND INFORMATION FOR RECERTIFICATION OF ELECTRICAL SYSTEMS OF FORTY (40) YEAR STRUCTURES

1. ELECTRIC SERVICE

1. Size: Amperage () Fuses () Breakers ()

2. Phase: Three Phase () Single Phase ()

3. Condition: Good () Fair () Needs Repair ()

Comments:

2. METER AND ELECTRIC ROOM

1. Clearances: Good () Fair () Requires Correction ()

Comments:

3. GUTTERS

Location: Good () Requires Repair ()

Taps and Fill: Good () Requires Repair ()

Comments:

4. ELECTRICAL PANELS

Location: Good () Needs Repair ()

1. Panel #()

 Good () Needs Repair ()

2. Panel #()

 Good () Needs Repair ()

3. Panel #()

 Good () Needs Repair ()

4. Panel #()

 Good () Needs Repair ()

5. Panel #()

 Good () Needs Repair ()

Comments:

5. BRANCH CIRCUITS:

1. Identified: Yes () Must be identified ()

2. Conductors: Good () Deteriorated () Must be replaced ()

Comments:

6. GROUNDING SERVICE:

Good () Repairs Required ()

Comments:

7. GROUNDING OF EQUIPMENT:

Good () Repairs Required ()

Comments:

8. SERVICE CONDUITS/RACEWAYS:

Good () Repairs Required ()

Comments:

9. SERVICE CONDUCTOR AND CABLES:

Good () Repairs Required ()

Comments:

10. TYPES OF WIRING METHODS:

Conduit Raceways:	Good	()	Repairs Required	()
Conduit PVC:	Good	()	Repairs Required	()
NM Cable:	Good	()	Repairs Required	()
BX Cable:	Good	()	Repairs Required	()

11. FEEDER CONDUCTORS:

Good () Repairs Required ()

Comments:

12. EMERGENCY LIGHTING:

Good () Repairs Required ()

Comments:

13. BUILDING EGRESS ILLUMINATION:

Good () Repairs Required ()

Comments:

14. FIRE ALARM SYSTEM:

Good () Repairs Required ()

Comments:

15. SMOKE DETECTORS:

Good () Repairs Required ()

Comments:

16. EXIT LIGHTS:

Good () Repairs Required ()

Comments:

17. EMERGENCY GENERATOR:

Good () Repairs Required ()

Comments:

18. WIRING IN OPEN OR UNDER COVER PARKING GARAGE AREAS:

Require Additional

Good ()

Repairs Required ()

Comments:

19. OPEN OR UNDERCOVER PARKING GARAGE AREAS AND EGRESS ILLUMINATION:

Require Additional

Good ()

Repairs Required ()

Comments:

20. SWIMMING POOL WIRING:

Good ()

Repairs Required ()

Comments:

21. WIRING TO MECHANICAL EQUIPMENT:

Good ()

Repairs Required ()

Comments:

