

**Contract# 48058**

## **Milestone Inspection – Phase 1**

Prepared for the Board of Directors for the

### **The Barefoot Terrace Condominium Association**

+



This Report contains Milestone Inspection - Phase 1 for the Property with Address of:

19910 Gulf Blvd, Indian Shores, FL 33785



August 23, 2024

## Purpose and Non-Conflict of Interest Disclosure

The purpose of this report is to certify the enclosed Milestone Inspection and Report was prepared for the above-mentioned association and is the result of work performed by Beryl Engineering & Inspection, LLC (Beryl). In addition, we certify that, to the best of our knowledge and belief:

1. All facts contained in this report are true and accurate.
2. Beryl has no present or prospective interest in the subject property of this report, and also has no personal interest with respect to the parties involved.
3. Beryl has no bias with respect to the subject property of this report or to the parties involved with this assignment.
4. Our engagement in this assignment was not contingent upon producing or reporting predetermined results.
5. Our compensation is not contingent on any action or event resulting from this report.
6. We have the knowledge and experience to generate accurate Milestone Inspection Report on all buildings contained within this report
7. We have performed a physical inspection of the subject risk(s) contained in this report.

Beryl conducted a Milestone Inspection – Phase I Per the Florida Statute Title XXXIII, Chapter 553, Section 899 and in conformance with the scope of work specified in SB 4-D & SB 154 – Building Safety, Dated May 26, 2022, and all other executed amendments to SB 4-D & SB 154, revisions Dated May 04, 2023, and, signed by the governor on June 09, 2023, passed by the state, as per the date of this report. The purpose of the Milestone Inspection – Phase I is to assess the subject property and determine the present condition of all of the major structural elements and components of the building(s), highlighting any deferred maintenance, commenting on on-site management issues as they relate to the care of the property, and documenting all observed deficiencies.

It is understood that Beryl did not evaluate the adequacy of the original construction system or materials used and does not ensure the adequacy and sufficiency of any documents or improvements reviewed. This assessment does not purport to encompass every report, record, permit, or other documentation relevant to the property and does not create or imply any guarantee of future building conditions or value.

The purpose of the property review was to assess the subject property and to determine the present condition of the following about the Building/Structural Components to include: Roofs, exteriors, breezeways, framing elements, load bearing, shear walls, foundation, and stairs.

We did not gain access to all areas, operate any specific equipment, or perform any tests. Beryl identified those areas that, in our opinion, require remedial work or restoration. This report is based on our professional opinion and field observations. It should be noted that site development drawings were not provided for our review.

---

# 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

# 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): **Beryl Engineering & Inspection**

Inspection Engineer/Architect Name and License Number: **Leo Cannyn, PE-65994**

Address: **8202 N. Armenia Ave, Suite A, Tampa, FL 33604**

Telephone Number: **(813) 616-3301**

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

Inspection Commenced Date: **08/23/2024**      Inspection Completed Date: **08/23/2024**

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: **Leo Cannyn**

License  
Number: **PE-69554**



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: **Leo Cannyn**

License

Number: **PE-69554**



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

<b>1. DESCRIPTION OF STRUCTURE</b>		Add Attachments	
a. Name on Title: <b>Barefoot Terrace Condominium Association Inc</b>			
b. Street Address: <b>19910 Gulf Blvd, Indian Shores, FL 33785</b>			
c. Legal Description: <b>BAREFOOT TERRACE CONDO (COMMON ELEMENTS)</b>			
d. Owner's Name: <b>Alice Prieto</b>			
e. Owner's Mailing Address: <b>4150 N Armenia Ave, Tampa, FL 33607</b>			
f. Email Address: <b>alicep@southeastrealtymgmt.com</b>		Contact Number: <b>(813) 244-2194</b>	
g. Folio Number of Property on Which Building is Located:			
h. Building Code Occupancy Classification: <b>310.3 Residential Group R-2</b>			
i. Present Use: <b>0904 Condo Common Area Assn Own - open/green space</b>			
j. General Description: <b>5 story multifamily residential</b>		Type of Construction:	
k. Square Footage:		Number of Stories: <b>5</b>	
1. Total Building Area: <b>33350</b>		Number of Stories: <b>5</b>	
2. Building Footprint Area: <b>6670</b>			
l. Name of the Condo or Coop Entity: <b>The Barefoot Terrace Condominium Association</b>			
m. Special Features: <b>None.</b>			
n. Describe any Additions to Original Structure:			
o. Approximate Distance to the Coast and Method Used to Determine Distance: <b>100 ft. determined by Google Earth.</b>			

**2. PRESENT CONDITION OF STRUCTURE**[Add Attachments](#)

a. General Alignment (Note: ⓘ 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):

None.

## [2. PRESENT CONDITION OF STRUCTURE CONTINUED]

c. Surface Conditions – Describe general conditions of finishes, noting cracking, spalling, peeling, signs of moisture penetration and strains:

Good.

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:

Deterioration of Drip Edge along the western and Eastern side of the Building.

f. Note Previous Patching or Repairs:

Good.

g. Nature of Present Loading Indicate Residential, Commercial, Other Estimate Magnitude:

Good.

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: 08/23/2024

c. Name and Qualifications of the Individual Preparing Report:

**Leo Cannyn, PE-69554**

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:

**Information not available from building department.****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:

**Good**

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:

**Good.**

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

Does this building have Masonry Bearing Walls? If yes, continue on. If no, skip to Section 7.

(Note:  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:

None.

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

None.

## [6. MASONRY BEARING WALL CONTINUED]

i. Spalling – In Beams, Columns, or Others, Including Locations (Description):

None.

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

<input type="checkbox"/> Concrete	<input type="checkbox"/> Bare steel deck
<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Structural concrete on steel deck	
<input type="checkbox"/> Non-structural / insulating concrete on steel deck	

Describe:

Unknown

#### 5) Roof Cladding Type

<input type="checkbox"/> Tile	<input checked="" type="checkbox"/> Single ply (Membrane)
<input type="checkbox"/> Asphalt shingles	<input type="checkbox"/> Metal
<input type="checkbox"/> Built-up roofing (BUR)	<input type="checkbox"/> 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:

**Air Conditioning Equipment.**

8) Note Types of Drains, Scuppers, and Condition:

**Internal Drains**

9) Describe Parapet Construction and Current Condition:

**Good.**

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:

Good.

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: i Good, Fair, Poor, Significant)

## 4. Balcony Construction

- Concrete
- Steel framing with concrete topping
- Wood
- Other (define in narrative)

Good.

## 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)

Good.

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

**Elevator, front center**  
**Stairs, rear center**

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

**None.**

## 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:

Good.

**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:

Concrete. CMU Blocks.

b. Cracking:

1.  Significant  Not Significant

2. Description of members affected location and type of cracking:

Good.

c. General Condition Description:

Good.

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)):

Good.

(Note:  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: Good.	

3. Describe Condition of System: Good.
---

**b. Exterior Doors:**

1. Type:  Wood  Steel  Aluminum  Sliding Glass Door  Other  
(If Other, Describe):

2. Anchorage Type and Condition of Fasteners and Latches Unknown
---

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

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

4. Describe General Condition:

Good.

5. Describe repairs needed:

Good.

**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 FAÇADE INSPECTION**

Add Attachments



a. Identify and describe the exterior walls and appurtenances on all sides of the building (cladding type, corbels, precast appliques, etc.):

**Paint with decorative bricks.**

b. Identify attachment type of each appurtenance type (mechanically attached or adhered):

**Lighting.**

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):

**Good.**

**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.):

**None.**

b. Indicate condition of special feature, its supports and connections:

**N/A.**

**14. DETERIORATION**

a. Based on the scope of the inspection, describe any structural deterioration and describe the extent of such deterioration.

**Good.**

**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

## 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.