

# 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): Stone Building Solutions

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: 04/01/2025 Inspection Completed Date: 04/14/2025

Additional Inspection Firm Name (if applicable): N/A

Additional Inspection Engineer/Architect Name: N/A

Address: N/A

Telephone Number: N/A

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: Dudley McFarquhar FL P.E.

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: \_\_\_\_\_

A handwritten signature in dark ink, appearing to be "DM", written over a horizontal line.

Date 09/18/2025

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**

See Milestone Report Photonarrative

Licensed Design  
Professional:

☐ Engineer

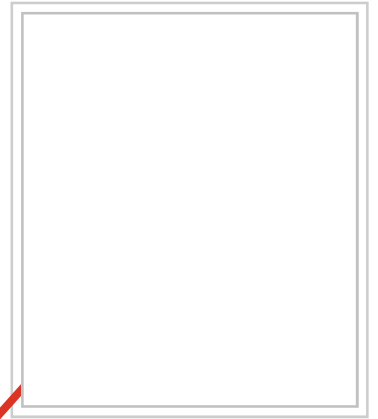
☐ Architect

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:	Edgewater Harbor Condominium		
b. Street Address:	19828 Gulf blvd, Indian Shores, FL 33785		
c. Legal Description:	Condominium		
d. Owner's Name:	Edgewater Harbor Condominium Association		
e. Owner's Mailing Address:	19828 Gulf blvd, Indian Shores, FL 33785		
f. Email Address:	bryan.dolan54@gmail.com	Contact Number:	1-929-577-9400
g. Folio Number of Property on Which Building is Located:	19-31-15-14600-001-0010		
h. Building Code Occupancy Classification:	R-2		
i. Present Use:	Residential condominium units		
j. General Description:	Six-story condominium building	Type of Construction:	Type III
k. Square Footage:	<div> 1. Total Building Area: 27,140 <div>Number of Stories: 6</div> </div> <div>2. Building Footprint Area: 4,523 sq ft</div>		
l. Name of the Condo or Coop Entity:	Edgewater Harbor Condominium Association, Inc.		
m. Special Features:	Waterfront location on Gulf Boulevard; stacked window system.		
n. Describe any Additions to Original Structure:	N/A		
o. Approximate Distance to the Coast and Method Used to Determine Distance:	.1 miles. NearMaps		

## 2. PRESENT CONDITION OF STRUCTURE

Add Attachments



a. General Alignment (Note: **i** 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):  
N/A

[2. PRESENT CONDITION OF STRUCTURE CONTINUED]

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

The building has a whole is in generally good condition. There were no signs of distress on the building.

- 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

N/A

- e. General Extent of Deterioration – Cracking or Spalling Concrete or Masonry, Oxidation of Metals; Rot or Borer Attack in Wood:

No substantial structural deterioration observed.

- f. Note Previous Patching or Repairs:

Minor stucco repairs to slab edge of balconies at the ground floor and third floor.

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

Residential

- h. Are there any other significant observations? ☐ Yes ☒ No

If Yes, Describe:

**3. INSPECTIONS**

Add Attachments



a. Date of Notice of Required Inspection: 04/01/2025

b. Date(s) of Actual Inspection: 04/14/2025

c. Name and Qualifications of the Individual Preparing Report:

Cuyler Baldwin  
Sr. Building Consultant at Stone Building Solutions

d. Description of Laboratory or Other Formal Testing, If Required, Rather than Manual or Visual Procedures:  
N/A

e. Has the property record been researched for any current code violations or unsafe structure cases?

☒ Yes ☐ No

Explanation/Comments:

Researched online for the property records and researched the property on the county website as well.

**4. SUPPORTING DATA ATTACHED**

Add Attachments

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:  
Concrete foundation. No deficiencies observed.

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:  
there were no cracks, separation or other signs of distress observed.

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:

Stucco was in good condition, minor repairs observed to balcony slab edges. Paint was in good condition.

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

No cracks observed in beams or columns.

[6. MASONRY BEARING WALL CONTINUED]

i. Spalling – In Beams, Columns, or Others, Including Locations (Description):  
Nop spalling observed in the beacms or columns.

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

☒ 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:

Modified Bitumen; multiply, asphalt based system

[7. FLOOR AND ROOF SYSTEM CONTINUED]

(Note: ☒ Good, Fair, Poor, Significant)

6) Roof Covering Condition

☒ Good ☐ Fair ☐ Poor ☐ Significant

Just placed in June of 2025.

7) Note Water Tanks, Cooling Towers, Air Conditioning Equipment, Signs, Other Heavy Equipment and Condition of Support:

All equipment on the roof was in good condition.

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

The roof has drains/drain stacks that are in good condition.

9) Describe Parapet Construction and Current Condition:

Parapet walls were just repaired and in June of 2025 and are in good 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:

N/A

12) Note Any Expansion Joint and Condition:

☐ Good ☐ Fair ☐ Poor ☐ Significant

N/A

#### b. Floor System(s):

1. Describe (Type of System Framing, Material, Spans, Condition, Balconies):

Condition:

☒ Good ☐ Fair ☐ Poor ☐ Significant

precast concrete floors in good condition. No sagging or deflections observed in accessible areas.

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)

There was no spalling or deficiencies observed. There were previous repair/patch jobs completed to the slab edge of some balconies.

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

Stairs and elevator are located on the interior of the building. the framing of the stairs if concrete and the elevator framing is CMU block

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

N/A

**9. Guardrails –** Indicate type, location, and material

(If no Guardrail, skip to "c. Inspection")

- |                                   |   |                                       |  |
|-----------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Wood     | <input type="checkbox"/> Stainless Steel    | <input type="checkbox"/> Glass        | <input checked="" type="checkbox"/> None |
| <input type="checkbox"/> Metal    | <input type="checkbox"/> Ungalvanized Steel | <input type="checkbox"/> CMU Kneewall |  |
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Concrete Kneewall  | <input type="checkbox"/> Other _____  |  |

Describe any details:

**10. Guard Condition** (define ratings depending on guard system)

☐ Good ☐ Fair ☐ Poor ☐ Significant, Describe:

N/A

**c. Inspection –** Note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members:

N/A



## 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:**

The exterior load bearing walls are CMU block finished with stucco facade. The floor are precast concrete.

**b. Cracking:**

1. ☐ Significant ☒ Not Significant

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

**c. General Condition Description:**

The concrete framing system is in generally good condition, no signs of significant spalling or corrosion.

**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)):

None observed

## 10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS



**a. Structural Glazing on the exterior envelope of threshold building:**

☒ Yes

☐ No

1. Previous Inspection  
Date:

08/08/2025

2. Description of Curtainwall Structural Glazing and adhesive sealant:

There are stacked window systems on the front left and right of the building. The right stacked window system was damaged back in October of 2024. Repairs were made and then inspected by Rhys Wade Engineering, LLC.

3. Describe Condition of System:

System is in good condition.

**b. Exterior Doors:**

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

Exterior metal doors corroded with soot; hinges to be replaced; doors to be sanded, sealed, and painted.

2. Anchorage Type and Condition of Fasteners and Latches

Hinges are corroded and need to be replaced.

3. Sealant Type and Condition of Sealant:

☒ Good ☐ Fair ☐ Poor ☐ Significant

The sealant around windows and doors was redone in 2024. In good condition.

4. Describe General Condition:

All windows and door are in generally good condition. The doors are not of structural concern but more of maintenance items. The framing and structural integrity of these items are not of concern.

5. Describe repairs needed:

Replace the hinges on the metal doors. Sand and seal the metal doors as they are ocean facing.

## 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 FACADE INSPECTION

Add Attachments



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

The facade is stucco. the stucco is in good condition. No deficiencies observed.

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

The stucco facade is mechanically attached. There are no other appurtenances.

- 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):

Stucco facade in good condition; no major cracks or delamination.

## 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.):

N/A

- 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.

There were no major structural issues or deficiencies observed throughout the inspection.



**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
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ 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.