



**Development Services Department  
Building Enforcement Division**  
521 NE 4th Ave · Fort Lauderdale, FL 33301  
P: 954.828.6020  
email: BuildingSafetyProgram@fortlauderdale.gov

**FOR OFFICIAL USE ONLY:**

**BLD-CERT & CASE #:**

Please make sure your package includes the following with this application:

- ☒ Building Safety Inspection Report Form – Structural
- ☒ Building Safety Inspection Report Form – Electrical
- ☒ Payment of \$300.00 per building payable by cash, check, Visa or MasterCard

#### PROPERTY INFORMATION

Name of Plaza/Condo Association Verano At Miramar  
Property Address 8017-8039 SW 21 Ct Miramar, FL 33025 ZIP 33025  
Folio # 514121AD0050 Building Sq. Ft 7600 Sq.Ft(+/-)  
Application Type  
☐ Initial Submittal:  
Tracking # from Notification \_\_\_\_\_  
☐ Repairs Required Submittal:  
Tracking # from Notification \_\_\_\_\_  
Permit Numbers for Repairs \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### OWNER INFORMATION

Name/Association Verano At Miramar  
Address: 2199 SW 81 Ave City Miramar State FL ZIP 33025  
Phone # 305 979 1396 Email Nery@softmanagement.com  
Contact Name Nery Perez Contact Phone 305 979 1396  
Owner's Agent Nery Perez Contact Phone 305 979 1396

#### LICENSED PROFESSIONAL CONTACT INFORMATION

Associated Professional # 1: ☒ Engineer ☐ Architect License # 72361  
Company Name Sugil Engineering Inc  
Address PO Box 41-4121 City Miami Beach State FL ZIP 33141  
Email SuEng40Y@gmail.com Phone 941-223-6457  
Contact Name Jose Subero Contact Phone 941-223-6457  
Associated Professional # 2: ☒ Engineer ☐ Architect License # 72361  
Company Name Sugil Engineering Inc  
Address PO Box 41-4121 City Miami Beach State FL ZIP 33141  
Email SuEng40Y@gmail.com Phone 941-223-6457  
Contact Name Jose Subero Contact Phone 941-223-6457

Visit <https://www.fortlauderdale.gov/government/departments-a-h/development-services/building-services/40-year-or-older-building-safety-program>

## Sugil Engineering Inc

PO Box 41-4121  
Miami Beach, FL 33141  
(941) 223-6457

October 5, 2024

City of Miramar  
Building Division  
2200 Civic Center Place  
Miramar, FL 33025

Re: Building Re-Certification  
Address: 8017-8039 SW 21 Ct  
Folio #: 514121AD0050

Attn: Building Official

We have inspected (structural and electrical) the building located at 8017-8039 SW 21 Ct . In accordance with Broward County Code

As a routine procedure, in order to avoid possible misinterpretation, nothing in this report should be construed conclusively or inconclusively as a guarantee for any portion of the structure. To the best of my knowledge and ability, this report represents and accurate assessment of the present condition of the building based upon careful evaluation of observed conditions, to the extent realistically possible.

The report does not exclude conclusions concerning the adequacy of the components nor can we be responsible for any underlying defects that may arise in future. In accepting the report, clients agree to be bound by the condition of the inspection. Our extent of accountability is limited to the amount of the inspection fee. The inspection consisted of a visual examination of the structure. No destructive or environmental testing was performed.

We conclude from this inspection that the above building is structurally and electrically safe for the specified use and continued occupancy.

As part of their regular compliance efforts, of the Broward County (Building Department) our inspection may be repeated at their request.

Sincerely  
Sugil Engineering Inc



Jose Subero, PE 72361  
President  
[Sueng40Y@gmail.com](mailto:Sueng40Y@gmail.com)  
941 223 6457

OCT 07 2024



# STRUCTURAL SAFETY INSPECTION REPORT FORM

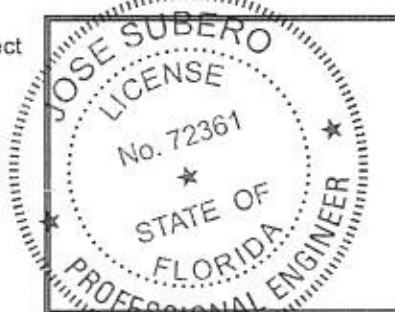


Inspection Firm or Individual Name: Sugil Engineering Inc  
 Address: PO Box 41-4121 Miami Beach, FL 33141 email: SuEng40y@gmail.com  
 Telephone Number: 941 223 6457  
 Inspection Commenced Date: 9/20/24 Inspection Completed Date: 9/20/24

☒ No Repairs Required ☐ Repairs are required as outlined in the attached inspection report

Licensed Design Professional: ☒ Engineer ☐ Architect

Name: Jose R Subero  
 License Number: PE # 72361  
 Threshold Building - Certified Special Inspector ☐ Yes ☒ No



I am qualified to practice in the discipline in which I am hereby signing.

Signature: [Signature] Date: OCT 07 2024

This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals' Policy #05-05. 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.

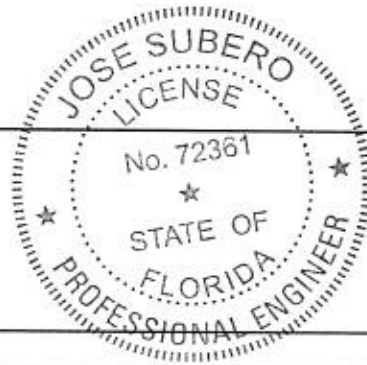
| 1. DESCRIPTION OF STRUCTURE                               |                                                               |                                     |                |
|-----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|----------------|
| a. Name on Title:                                         | Verano At Miramar                                             |                                     |                |
| b. Street Address:                                        | 8017-8039 SW 21 Ct                                            |                                     |                |
| c. Legal Description:                                     | VERANO AT MIRAMAR COMMERCIAL CONDOMINIUM UNIT CU-11 BLDG 10   |                                     |                |
| PER AMCDO CIN #:                                          | 105800415                                                     |                                     |                |
| d. Owner's Name:                                          | Verano At Miramar                                             |                                     |                |
| e. Owner's Mailing Address:                               | 2199 SW 81 Ave Miramar, FL 33025                              |                                     |                |
| f. Email Address:                                         | Nerv@soflmanagement.com                                       |                                     |                |
| g. Folio Number of Property on which Building is located: | 514121AD0050                                                  |                                     |                |
| h. Building Code Occupancy Classification:                | 12- Mixed use residential combination                         |                                     |                |
| i. Present Use:                                           | 12- Mixed use residential combination                         |                                     |                |
| j. General description:                                   | 2 Story building. With Cross Hipped Roof. And concrete walls. | Type of Construction:               | Concrete frame |
| k. Square Footage:                                        | 7600 Sq.Ft(+/-)                                               | Number of Stories:                  | 2              |
| l. Is this a threshold building (per F.S 553.71)          | Yes                                                           | <input checked="" type="checkbox"/> | No             |

m. Special Features: None

n. Describe any additions to original structure: None

o. Additional Comments: None

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## 2. PRESENT CONDITION OF STRUCTURE

a. General Alignment (Note: Good, Fair, Poor, Explain if significant):

1. Bulging: ☒ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

2. Settlement: ☒ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

3. Deflections: ☒ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

4. Expansion: ☒ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

4. Contraction: ☒ Good ☐ Fair ☐ Poor ☐ Significant (Explain):

b. Portion Showing Distress (Note: Beams, Columns, Structural Walls, Floor, Roofs, Other):

No structural distress were observed

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

None observed cracking, spalling, moisture penetration & 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 1mm and 2 mm in width; WIDE if over 2mm:

None Observed cracking.

e. General extent of deterioration - Cracking or spalling concrete or masonry, oxidation of metals; rot or borer attack in wood:

No structural deficiencies were observed.

f. Note previous patching or repairs:

None Observed

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g. Nature of present loading indicate residential, commercial, other estimate magnitude:

Residential

### 3. INSPECTIONS

a. Date of notice of required inspection: Unknown

b. Date(s) of actual inspection: 9/20/24

c. Name and qualifications of the individual preparing report:

Jose R Subero, PE # 72361. Construction -Building Inspection & Land Development. Civil Engineer

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

None

e. Structural Repairs:

None

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



Yes



No

Explanation/ Comments:

No violations were find

#### 4. SUPPORTING DATA ATTACHED

a. Sheets of written data:

-

b. Photographs:

5

c. Drawings or sketches:

1

d. Test reports:

-

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#### 5. FOUNDATION

a. Describe building foundation:

Reinforced concrete (spread footings & floor slabs)

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



Yes



No

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



Yes

No

d. Describe any cracks or separation in the walls, column or beams that signal differential settlement:

None Observed

e. Is there additional sub-soil investigation required?



Yes



No

1. If yes, explain: N/A

**6 . MASONRY BEARING WALL - Indicate good, fair or poor on appropriate lines**

a. Concrete masonry units:



Good



Fair



Poor

b. Clay tile or cotta units:



Good



Fair



Poor

c. Reinforced concrete tie columns:



Good



Fair



Poor

d. Reinforced concrete tie beams:



Good



Fair



Poor

e. Lintel:



Good



Fair



Poor

f. Other type bond beams:



Good



Fair



Poor

g. Masonry Finishes - Exterior:

1. Stucco:



Good



Fair



Poor

2. Veneer:



Good



Fair



Poor

3. Paint Only:



Good



Fair



Poor

4. Other:



Good



Fair



Poor

4a. Explain:

N/A

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h. Cracks - Note beams, columns, or others, including locations (description):

No cracks observed in columns and beams

i. Spalling- In beams, columns, or others, including locations (description):

No spalling observed in columns and beams

j. Rebar corrosion - Check appropriate line:

1. ☒ None Visible
2. ☐ Minor - Patching will suffice
3. ☐ Significant - Patching will suffice
4. ☐ Significant - Structural repairs required

4a. Describe:

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*PS*



k. Were samples chipped out for examination in spalled areas?

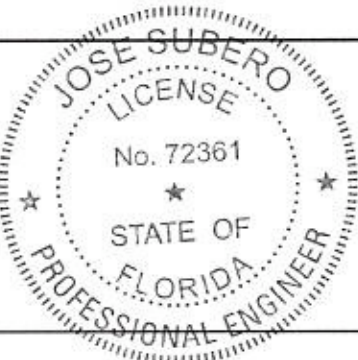
1. ☒ No
2. ☐ Yes - Describe color, texture, aggregate, general quality:

## 7. FLOOR AND ROOF SYSTEM

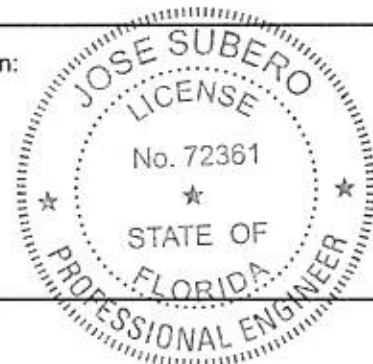
a. **Roof:**

1. Describe type and condition of current roof:

Cross hipped roof w/ - Asphalt shingle - Trusses wood w/ plywood. Good

|    |                                                                                                                                                                                                                                                                                                              |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | Note water tanks, cooling towers, air conditioning, signs, other heavy equipment and condition of support                                                                                                                                                                                                    |
|    | None                                                                                                                                                                                                                                                                                                         |
| 3. | Note types of drains, scuppers, and condition:                                                                                                                                                                                                                                                               |
|    | Metal Drip Edge                      Fair                                                                                                                                                                                                                                                                    |
| 4. | Describe parapet construction and current condition:                                                                                                                                                                                                                                                         |
|    | N/A                                                                                                                                                                                                                                                                                                          |
|    | <div style="text-align: center;">  </div> <div style="text-align: center;"> OCT 07 2024 </div> <div style="text-align: right;">  </div> |
| 5. | Describe mansard construction and current condition:                                                                                                                                                                                                                                                         |
|    | Mansard/ wood frame. Located Front. Fair                                                                                                                                                                                                                                                                     |
| 6. | Describe any roofing framing member with obvious overloading, overstress, deterioration, or excessive deflection:                                                                                                                                                                                            |
|    | None observed                                                                                                                                                                                                                                                                                                |
| 7. | Note any expansion joint and condition:                                                                                                                                                                                                                                                                      |
|    | None observed                                                                                                                                                                                                                                                                                                |

|    |                                                                                                                                                                                                                                                      |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| b. | <b>Floor System(s):</b>                                                                                                                                                                                                                              |
| 1. | <p>Describe (Type of system framing, material, spans, condition):</p> <p>All Floors - Concrete slab w/ Tiles, Carpet &amp; Hardwood. Good</p>                                                                                                        |
| 2. | <p>Balconies - Indicate location, framing system, material and condition:</p> <p>Located back side. Concrete floor w/ aluminium guardrail. Fair</p>                                                                                                  |
| 3. | <p>Stairs and escalators - Indicate location, framing system, material and condition:</p> <p>The stairs have concrete steps. In front to access to second floor. Fair</p>                                                                            |
| 4. | <p>Ramps - Indicate location, framing system, material and condition:</p> <p>N/A</p> <p style="text-align: center;"> <br/> OCT 07 2024 </p>                       |
| 5. | <p>Guardrails - Indicate type, location, material and condition:</p> <p>Located Stairs, Hallways and balconies. Aluminiun. Fair</p>                                                                                                                  |
| 6. | <p><b>Inspection</b> - Note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members:</p> <p>Most of the framing structural members were exposed for inspection</p> |



## 8 . STEEL FRAMING SYSTEM

- a. Full description of system:

N/A

- b. Exposed steel - Describe condition of paint and degree of corrosion:

N/A

- c. Steel Connections - Describe type and condition:

N/A

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- d. Concrete or other fireproofing - Describe any cracking or spalling and note where any covering was removed for inspection:

N/A

- e. Identify any steel framing member with obvious overloading, overstress, deterioration or excessive deflection (provide location (s)):

None observed

- f. Elevator sheave beams, connections and machine floor beams - Note column:

N/A

## 9 . CONCRETE FRAMING SYSTEM

- a. Full description of structural system:

Reinforced concrete frame (foundations, column, slabs, beams and walls)

- b. Cracking:

1. ☐ Significant ☒ Not Significant

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

No structural deficiencies were observed.

- b. General condition:

Good

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- d. Rebar Corrosion - Check appropriate line:

1. ☒ None Visible  
2. ☐ Location and description of members affected and type cracking  
3. ☐ Significant - Patching will suffice  
4. ☐ Significant - Structural repairs required (Describe): N/A

- e. Were samples chipped out for examination in spalled areas?

1. ☒ No  
2. ☐ Yes - Describe color, texture, aggregate, general quality: N/A

- f. Identify any concrete framing member with obvious overloading, overstress, deterioration or excessive deflection (provide location (s)):  
None observed

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

- a. Windows, Storefronts and Curtainwalls:

Aluminum - Single Hung . Fair

- b. Structural Glazing on the exterior envelope of threshold building:

☐

Yes

☒

No

1. Previous Inspection Date :           N/A

2. Description of Curtainwall Structural Glazing and adhesive sealant:

N/A

3. Description condition of system:

N/A

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- c. Exterior Doors: Steel

1. Type (wood, steel, aluminum, sliding glass door, other):

Glass & Steel Fair

2. Anchorage type and condition of fasteners and latches:

Screws. Fair

3. Sealant type and condition of sealant:

Caulking. Fair

4. General Condition:

Fair

5. Describe repairs needed:

N/A

#### 11 . WOOD FRAMING

- a. Type - Fully describe mill construction, light construction, major spans, trusses:

Trusses wood. Good

- b. Indicate condition of the following:

1. Walls:

N/A

2. Floors:

N/A

3. Roof member, roof trusses:

Trusses wood. Good

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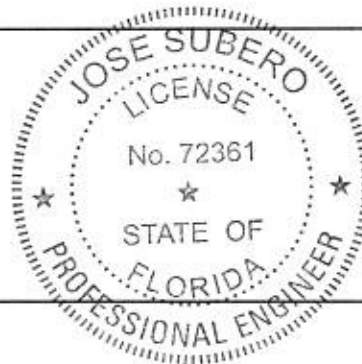
c. Note metal fitting (i.e., angles, plates, bolts, splint pintles, other and note condition):  
Plates. Fair

d. Joints - Note if weell fitted and still closed:  
Joint observed to be well fitted & still closed

e. Dranaige - Note accumulations of moisture:  
No moisture was observed

f. Ventilation - Note any concealed spaces not ventilated:  
Not Observed

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g. Note any concealed spaces opened for inspection:  
None observed

h. Identify any wood framing member with obvious overloading, overstress, deterioration, or excessive deflection:  
None observed

## 12. BUILDING FAÇADE INSPECTION (Threshold Building)

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

N/A

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

N/A

- 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):

N/A

## 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

  
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8017-8039 SW

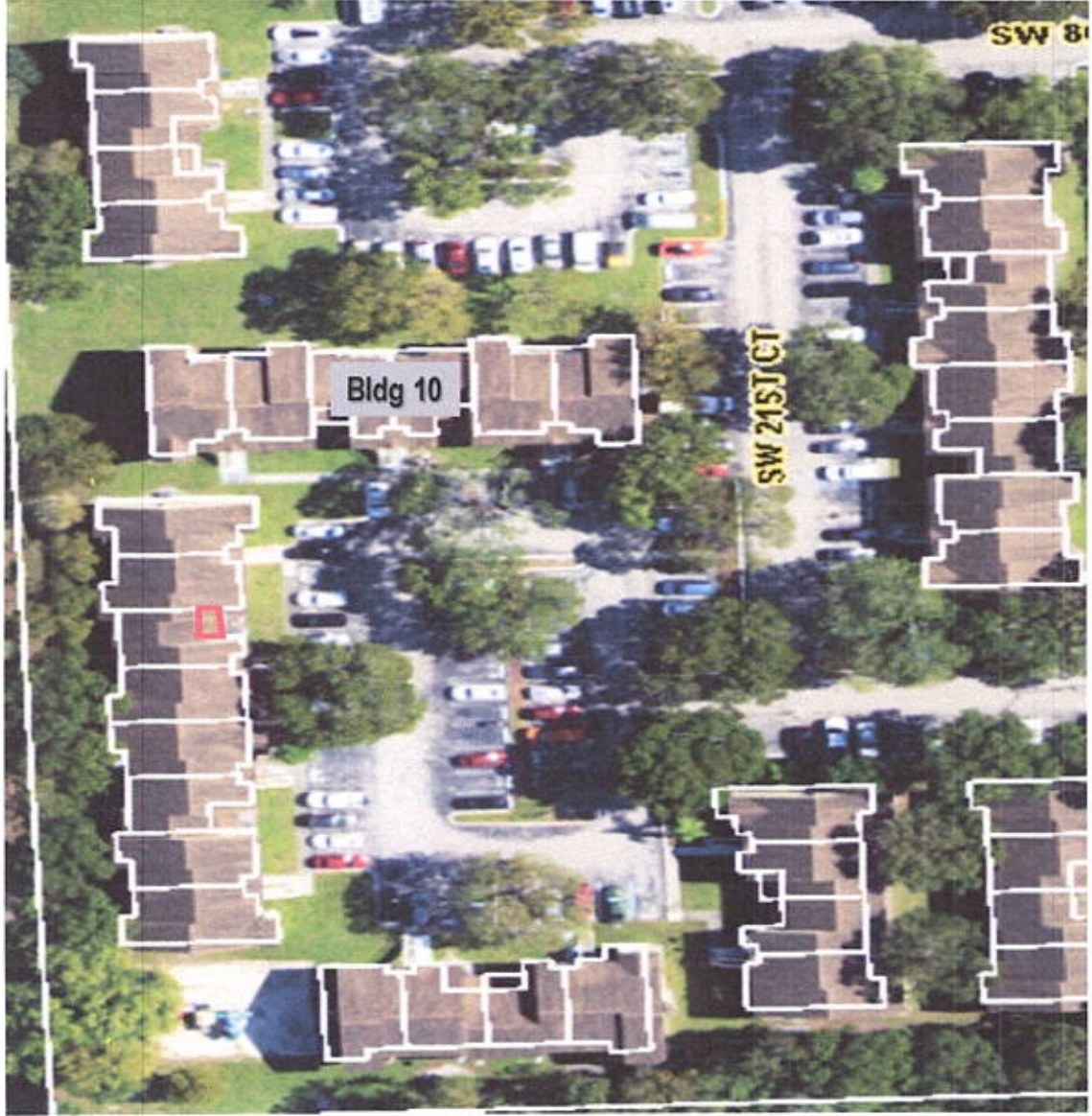
21 Ct

*BS*

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SUGIL ENGINEERING INC  
PO Box 41-4121  
Miami Beach, FL 33141



Front View



Right Side View

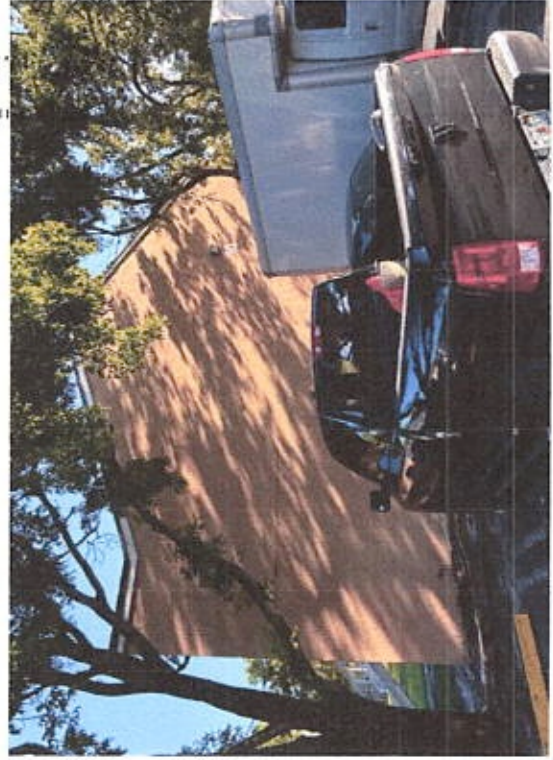


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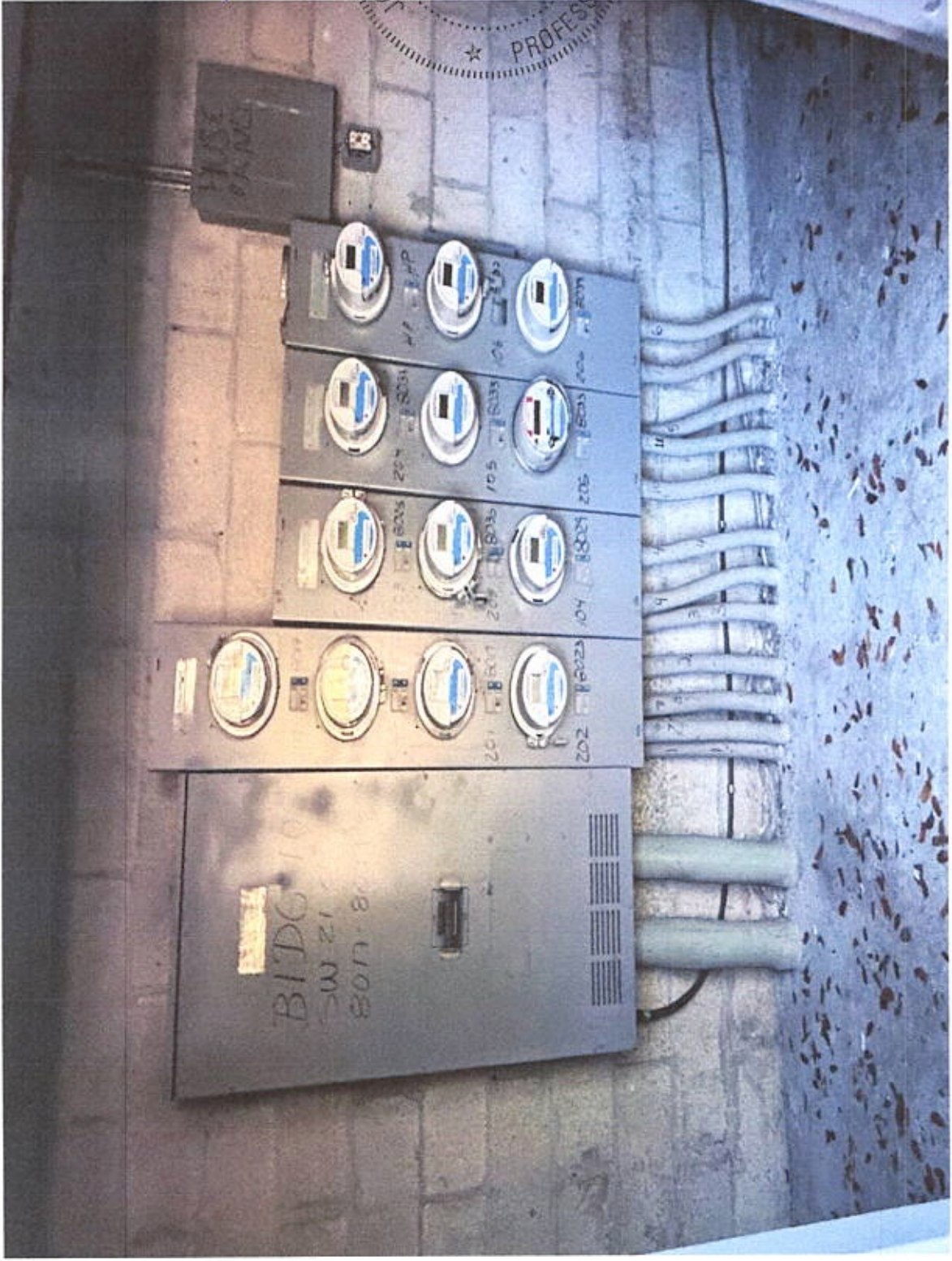


Rear Side View



Left Side View

Meter Room



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OCT 07 2024

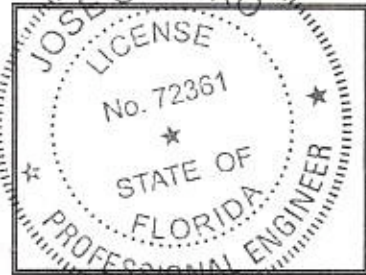


**ELECTRICAL SAFETY INSPECTION REPORT FORM**Inspection Firm or Individual Name: Sugil Engineering IncAddress: PO Box 41-4121 Miami Beach, FL 33141 email: SuEng40y@gmail.comTelephone Number: 941 223 6457Inspection Commenced Date: 9/20/24 Inspection Completed Date: 9/20/24☒ No Repairs Required ☐ Repairs are required as outlined in the attached inspection report

Licensed Design Professional: \_\_\_\_\_

Name: Jose R SuberoLicense Number: PE # 72361P.E. Specialized in Electrical Design ☐ Yes ☒ No

Provide resume of qualifications upon request



I am qualified to practice in the discipline in which I am hereby signing,

Signature: Date: OCT 07 2024

This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals' Policy #05-05. 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.

**1. DESCRIPTION OF STRUCTURE**

|                                                           |                                                               |                       |                     |
|-----------------------------------------------------------|---------------------------------------------------------------|-----------------------|---------------------|
| a. Name on Title:                                         | Verano At Miramar                                             |                       |                     |
| b. Street Address:                                        | 8017-8039 SW 21 Ct                                            |                       |                     |
| c. Legal Description:                                     | VERANO AT MIRAMAR COMMERCIAL CONDOMINIUM UNIT CU-11 BLDG 10   |                       |                     |
| PER AMCDO CIN #:                                          | 105800415                                                     |                       |                     |
| d. Owner's Name:                                          | Verano At Miramar                                             |                       |                     |
| e. Owner's Mailing Address:                               | 2199 SW 81 Ave Miramar, FL 33025                              |                       |                     |
| f. Email Address:                                         | <u>Nery@softmanagement.com</u>                                | Contact Number:       | <u>305 979 1396</u> |
| g. Folio Number of Property on which Building is located: | 514121AD0050                                                  |                       |                     |
| h. Building Code Occupancy Classification:                | 12- Mixed use residential combination                         |                       |                     |
| i. Present Use:                                           | 12- Mixed use residential combination                         |                       |                     |
| j. General description:                                   | 2 Story building. With Cross Hipped Roof. And concrete walls. | Type of Construction: | Concrete frame      |
| k. Square Footage:                                        | 7600 Sq.Ft(+/-)                                               | Number of Stories:    | 2                   |
| l. Special Features:                                      | None                                                          |                       |                     |

m. Additional Comments: None

## 2. INSPECTIONS

a. Date of notice of required inspection: Unknown

b. Date(s) of actual inspection: 9/20/24

c. Name and qualifications of individual preparing report:

Jose R Subero PE # 72361

d. Are any electrical repairs required?

1.



No - None required

2.



Yes - Required (Describe nature of repairs):

BS

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\*\*\* NOTE: Provide Photographs as necessary to reflect relevant conditions and index appropriately \*\*\*

## 3. ELECTRIC SERVICE

a. Size: Voltage ( 120/240 ); Voltage ( 120/240 );

b. Main Service Protection: ( 800 amps): ☐ Fuses ☒ Breaker

c. Service Rating Amperage: ( +/- 100 amps);  
Each unit

d. Phase: ☐ Three Phase ☒ Single Phase

e. Condition: ☒ Good ☐ Need Repairs

Describe nature of repairs: N/A

#### 4. SERVICE EQUIPMENT

a. Clearances: ☒ Good ☐ Require Repair

Describe nature of repairs: N/A

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*JS*



#### 5. ELECTRIC ROOMS

a. Clearances: ☒ Good ☐ Require Repair

Describe nature of repairs: N/A

#### 6. GUTTERS, WIREWAYS, ETC.

a. Location: ☒ Good ☐ Require Repair

Describe nature of repairs: N/A

b. Tap and box fill:



Good



Need Repairs

Describe nature of repairs:

N/A

## 7. ELECTRICAL SWITCHGEAR

a. Panel #

( 8017 ):



Good



Need repair

b. Panel #

( 8019 ):



Good



Need repair

c. Panel #

( 8021 ):



Good



Need repair

d. Panel #

( 8023 ):



Good



Need repair

e. Panel #

( 8025 ):



Good



Need repair

Describe nature of repairs:

N/A

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## 8. BRANCH CIRCUITS

a. Identified



Yes



Must be identified

b. Conductors:



Good



Deteriorated



Must be replaced

Describe nature of repairs:

N/A

Describe nature of repairs:

N/A

#### 9. GROUNDING SERVICE



Good



Repairs Required

Comments: No comments.

#### 10. GROUNDING OF EQUIPMENT



Good



Repairs Required

Comments: No comments.

#### 11. SERVICE CONDUITS / RACEWAYS



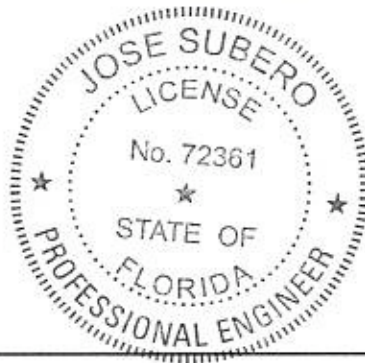
Good



Repairs Required

Comments: No comments.

*BS*  
OCT 07 2024



#### 12. SERVICE CONDUCTOR AND CABLES



Good



Repairs Required

Comments: No comments.

### 13. GENERAL CONDUIT/RACEWAYS



Good



Repairs Required

Comments: No comments.

### 14. FEEDER CONDUCTORS



Good



Repairs Required

Comments: No comments.

### 15. BUSWAYS



Good



Repairs Required

Comments: N/A. This is not busways.

OCT 07 2024

BS



### 16. OTHER CONDUCTORS



Good



Repairs Required

Comments: N/A. This is not others conductors

#### 17. EMERGENCY LIGHTING

☐

Good

☐

Repairs Required

Comments: N/A. Emergency lights are not required

#### 18. BUILDING EGRESS ILLUMINATION

☒

Good

☐

Repairs Required

Comments: No comments

OCT 07 2024

*BS*



#### 19. FIRE ALARM SYSTEM

☐

Good

☐

Repairs Required

Comments: N/A. Fire Alarm System is not required

#### 20. SMOKE DETECTORS

☒

Good

☐

Repairs Required

Comments: No comments

#### 21. EXIT LIGHTS

☐

Good

☐

Repairs Required

☐

Comments: N/A. Exit lights are not required

#### 22. EMERGENCY POWER SYSTEMS

☐

Good

☐

Repairs Required

Comments: N/A. Emergency generator is not required

#### 23. WIRING & CONDUIT AT ALL PARKING LOTS AND GARAGES

☒

Good

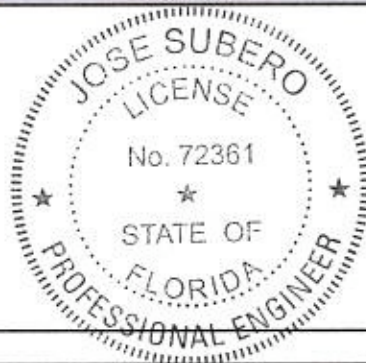
☐

Repairs Required

Comments: No comments

OCT 07 2024

*JS*



#### 24. SWIMMING POOL WIRING

☐

Good

☐

Repairs Required

Comments: N/A. There is not swimming pool in this property.

25. WIRING TO MECHANICAL EQUIPMENT



Good



Repairs Required

Comments:

No comments

OCT 07 2024

JS

