BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Revised 11-17-2022

Select One Trade: ☑ Building ☐ Electrical ☐ Plumbing ☐ Mechanical ☑ Other _____

Application Number: _____ Application Date: _____

1

Job Address: 2221-2251 SW 80 Ter. Unit: _____ City: Miramar

Tax Folio No.: 514121AC0253- 514121AC0400 Flood Zn: _____ BFE: _____ Floor Area: _____ Job Value: _____

Building Use: 04 Condominium Construction Type: _____ Occupancy Group: _____

Present Use: 04 Condominium Proposed Use: _____

Description of Work: BSIP (Building Safety Inspection Program)

☐ New ☐ Addition ☐ Repair ☐ Alteration ☐ Demolition ☐ Revision ☑ Other: BSIP

Legal Description: VERANO AT MIRAMAR CONDO UNITS 2221-2251 BLDG 3 ☐ Attachment

2

Property Owner: Verano At Miramar Phone: (305) 979-1396 Email: Nery@soflmanagement.com

Owner's Address: 2199 SW 81 Ave City: Miramar State: FL Zip: 33025

3

Contracting Co.: _____ Phone: _____ Email: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Qualifier's Name: _____ ☐ Owner-Builder License Number: _____

4

Architect/Engineer's Name: Jose Subero Phone: (941) 223-6457 Email: SuEng40Y@gmail.com

Architect/Engineer's Address: PO Box 41-4121 City: Miami Beach State: FL Zip: 33141

Bonding Company: _____

Bonding Company's Address: _____ City: _____ State: _____ Zip: _____

Fee Simple Titleholder's Name (*If other than the owner*) _____

Fee Simple Titleholder's Name (*If other than the owner*) _____ City: _____ State: _____ Zip: _____

Mortgage Lender's Name: _____

Mortgage Lender's Address: _____ City: _____ State: _____ Zip: _____

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: 2253-2283 SW 80 Ter. Unit: _____ City: Miramar

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent (Including Contractor)

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of ✓ physical presence or ___ online notarization, this 22 day of October, 2024 by

Neal Perez
(Type/Print Property Owner or Agent Name)

Notary Public State of Florida
Ana M Quesada
My Commission HH 587347
Expires 9/7/2028

_____
NOTARY'S SIGNATURE as to Owner or Agent's Signature

Notary Name Ana M Quesada
(Print, Type or Stamp Notary's Name)

Personally Known ✓ Produced Identification _____

Type of Identification Produced _____

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ____ day of _____, 20____ by

_____
(Type/Print Qualifier or Agent Name)

_____
NOTARY'S SIGNATURE as to Qualifier or Agent's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ Produced Identification _____

Type of Identification Produced _____

APPROVED BY _____ Permit Officer Issue Date: _____ Code in Effect: _____
FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

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

October 25, 2024

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

Re: Building Re-Certification
Address: 2221-2251 SW 80 Ter
Folio # : 514121AC0250

Attn: Building Official

We have inspected (structural and electrical) the building located at 2221-2251 SW 80 Ter . In accordance with Broward County Code

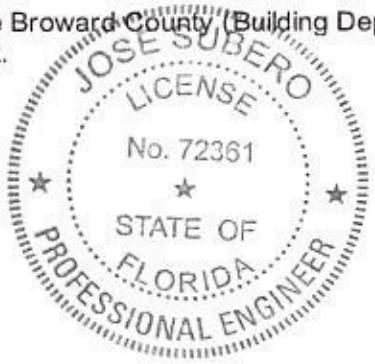
As a routine procedure, in order to avoid possible misinterpretation, nothing in this report should be construed conclusively or inconclusively as a guarantee for any portion of the structure. To the best of my knowledge and ability, this report represents and accurate assessment of the present condition 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 of 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
941 223 6457

OCT 2 8 2024

STRUCTURAL SAFETY INSPECTION REPORT FORM

Inspection Firm or Individual Name: **Sugil Engineering Inc**

Adress: 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

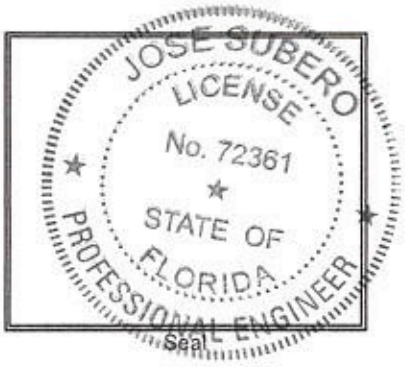
☑ No Repairs Required ☐ Repairs are required as outlined in the attached inspection report

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 wich I am hereby signing,

Signature: _____ Date: OCT 2 8 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:	2221-2251 SW 80 Ter		
c. Legal Description:	VERANO AT MIRAMAR COMMERCIAL CONDOMINIUM UNIT CU-3 BLDG 3		
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:	Nery@soflmanagement.com		
g. Folio Number of Property on which Building is located:	514121AC0250		
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:	20000 Sq.Ft(+/-)	Number of Stories:	2
l. Is this a threshold building (per F.S 553.71)	☐ Yes	☑ 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.

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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 appropiate line:

1. [x] None Visible
2. [ ] Minor - Patching will suffice
3. [ ] Significant - Patching will suffice
4. [ ] Significant - Structural repairs required

4a. Describe:

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

1. [x] 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

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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 excesive deflection:

None observed

7. Note any expansion joint and condition:

None observed

b. Floor System(s):

1. Describe (Type of system framing, material, spans, condition):

   All Floors - Concrete slab w/ Tiles, Carpet & Hardwood. Good

2. Balconies - Indicate location, framing system, material and condition:

   Located back side. Concrete floor w/ aluminium guardrail. Fair

3. Stairs and escalators - Indicate location, framing system, material and condition:

   The stairs have concrete steps. In front to access to second floor. Fair

4. Ramps - Indicate location, framing system, material and condition:

   N/A

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5. Guardrails - Indicate type, location, material and condition:

   Located Stairs, Hallways and balconies. Alumimiun. Fair

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

   Most of the framing structural members were exposed for inspection

8 . STEEL FRAMING SYSTEM

a. Full description of system:

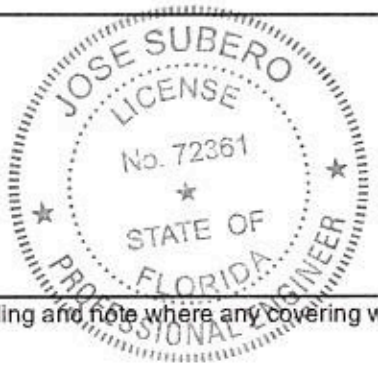
N/A

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

N/A

c. Steel Connections - Describe type and condition:

N/A



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

N/A

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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.

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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

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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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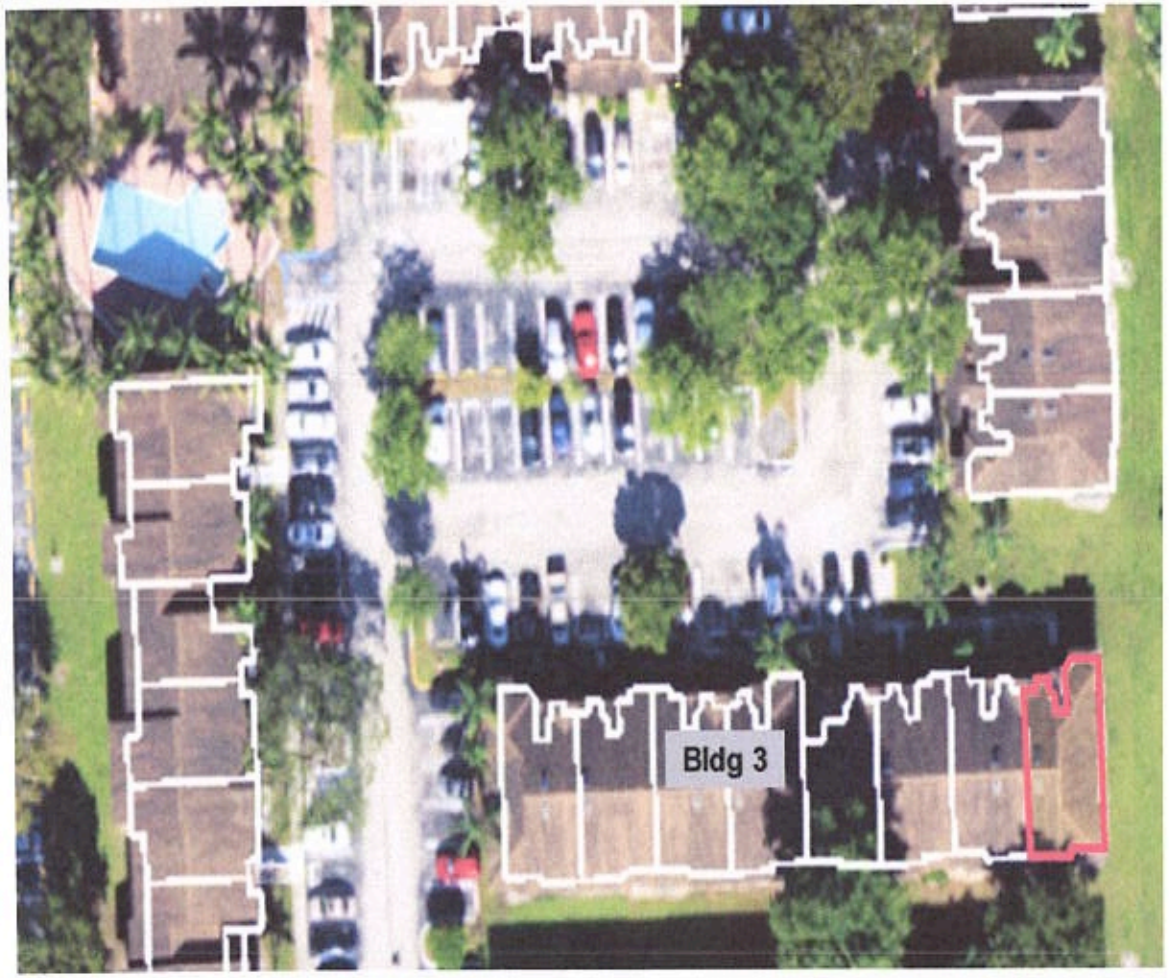

2221-2251 SW

80 Ter

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

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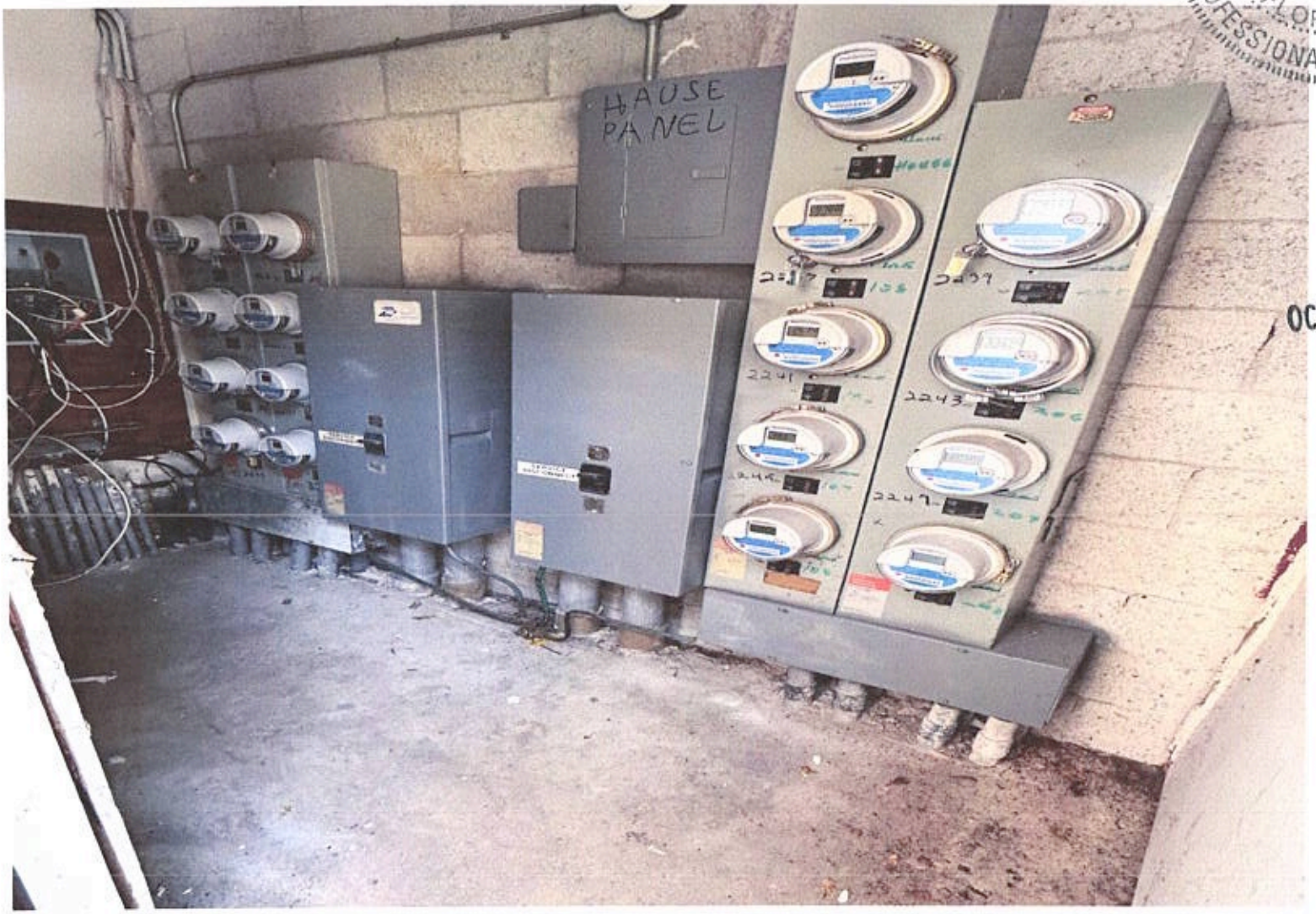
Front View

Right Side View

Rear Side View

Left Side View

Meter Room



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ELECTRICAL SAFETY INSPECTION REPORT FORM

Inspection Firm or Individual Name: **Sugil Engineering Inc**

Adress: 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:

Name: **Jose R Subero**

License Number: **PE # 72361**

P.E. Specialized in Electrical Design ☐ Yes ☑ No

Provide resume of qualifications upon request

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

Signature: Date: OCT 2 8 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:	2221-2251 SW 80 Ter		
c. Legal Description:	VERANO AT MIRAMAR COMMERCIAL CONDOMINIUM UNIT CU-3 BLDG 3		
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:	Nery@sofimanagement.com	Contact Number:	305 979 1396
g. Folio Number of Property on which Building is located:	514121AC0250		
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:	20000 Sq.Ft(+/-)	Number of Stories:	2
l. Special Features:	None		

m. Additional Comments: None

2. INSPECTIONS

a. Date of notice of requiered inspection: Unknown

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

c. Name and qualifications of individual preparing report:

Jose R Subero PE # 72361

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d. Are any electrical repairs required?

1. [x] No - None required
2. [ ] Yes - Required (Describe nature of repairs):

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

3. ELECTRIC SERVICE

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

b. Main Service Proteccion: (2 main (600) amps): [ ] Fuses [x] Breaker

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

d. Phase: [ ] Three Phase [x] 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

5. ELECTRIC ROOMS

a. Clearances: ☑ Good ☐ Require Repair

Describe nature of repairs: N/A

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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 # (2221): ☑ Good ☐ Need repair

b. Panel # (2223): ☑ Good ☐ Need repair

c. Panel # (2225): ☑ Good ☐ Need repair

d. Panel # (2227): ☑ Good ☐ Need repair

e. Panel # (2229): ☑ 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.

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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.

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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

19. FIRE ALARM SYSTEM

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☐ 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

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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

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