

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: 2205-2217 SW 80 Ter. Unit: _____ City: Miramar

Tax Folio No.: 516121AC0450-516121AC0460 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 2205-2217 BLDG 4 ☐ 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: _____

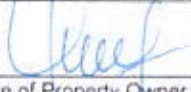
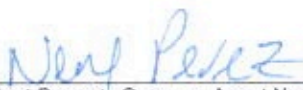
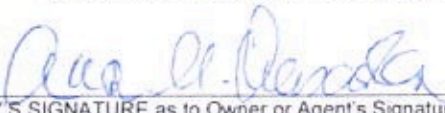
BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: 2221-2251 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 <u></u> Signature of Property Owner or Agent (Including Contractor) STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this <u>22</u> day of <u>October</u>, 20<u>24</u> by _____ <u></u> (Type/Print Property Owner or Agent Name) <u></u> NOTARY'S SIGNATURE as to Owner or Agent's Signature Notary Name <u></u> (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.

**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 2205-2217 SW 80 Ter Miramar, FL 33025 ZIP 33025
Folio # 514121AC0410 Building Sq. Ft 10000 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@soflmanagement.com
Contact Name Nery Perez Contact Phone 305 979 1396
Owner's Agent Nery Perez Contact Phone 305 979 1396

LICENSED PROFESSIONAL CONTACT INFORMATIONAssociated 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 25, 2024

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

Re: Building Re-Certification

Address: 2205-2217 SW 80 Ter

Folio #: 514121AC0410

Attn: Building Official

We have inspected (structural and electrical) the building located at 2205-2217 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 an 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



OCT 28 2024

Jose Subero, PE 72361
President
Sueng40Y@gmail.com
941 223 6457



STRUCTURAL SAFETY INSPECTION REPORT FORM



Inspection Firm or Individual Name: Sugil Engineering Inc
 Address: PO Box 41-4121 Miami Beach, FL 33141 email: SuEng40v@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 28 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:	2205-2217 SW 80 Ter		
c. Legal Description:	VERANO AT MIRAMAR COMMERCIAL CONDOMINIUM UNIT CU-4 BLDG 4		
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@softmanagement.com		
g. Folio Number of Property on which Building is located:	514121AC0410		
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:	10000 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

PS

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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



PS

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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:

PS



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

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

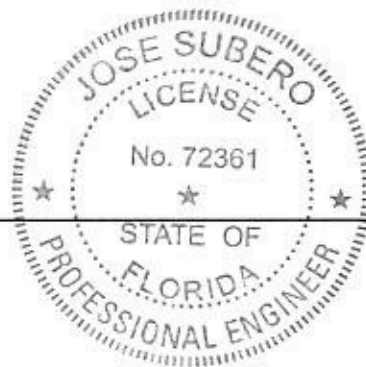
7. FLOOR AND ROOF SYSTEM

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 
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



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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   OCT 28 2024
5.	Guardrails - Indicate type, location, material and condition: Located Stairs, Hallways and balconies. Aluminiun. 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:

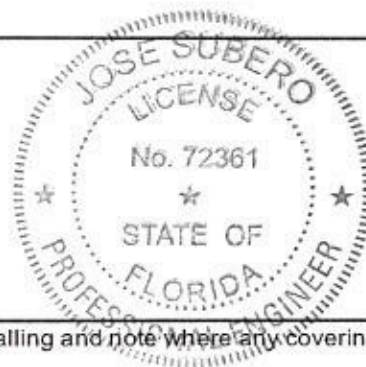
N/A

- 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

PS

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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.

- 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:

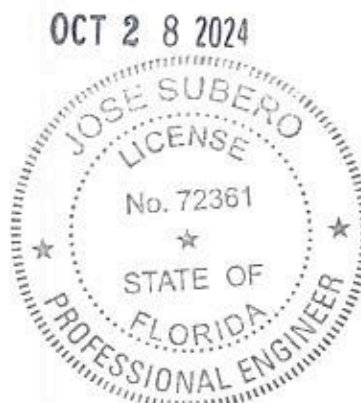
N/A

2. Floors:

N/A

3. Roof member, roof trusses:

Trusses wood. Good

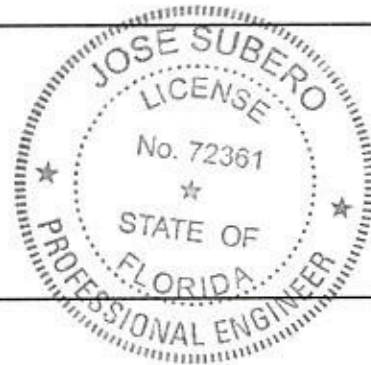


c. Note metal fitting (i.e., angles, plates, bolts, splint pintles, other and note condition):
Plates. Fair

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



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

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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

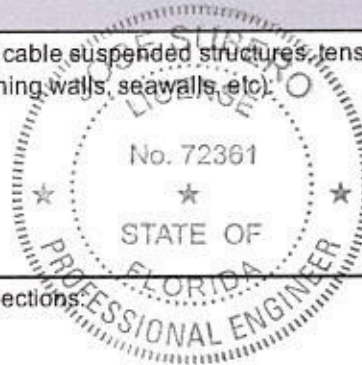
13. SPECIAL OR UNUSUAL FEATURES IN THE BUILDING

- 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

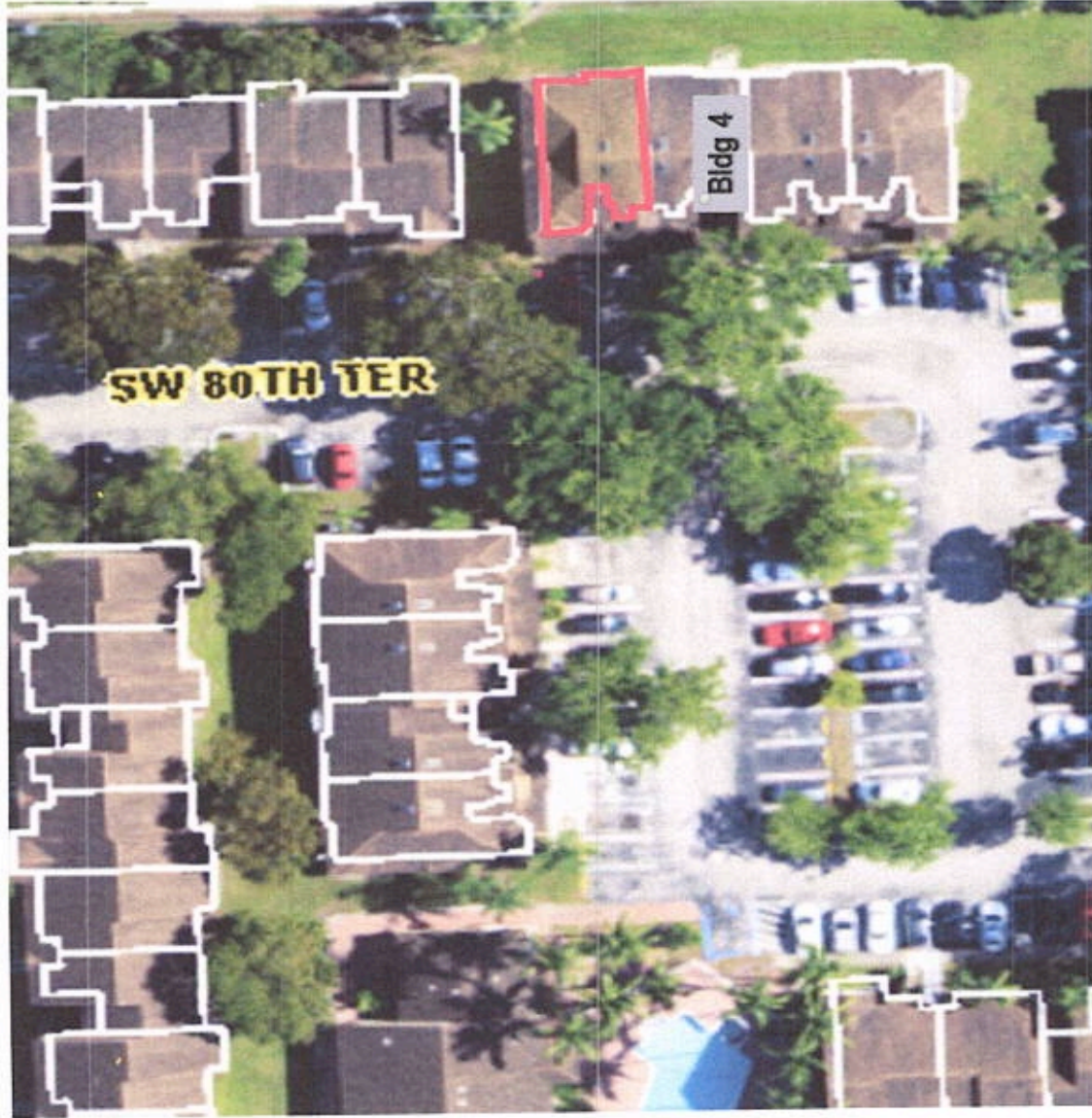
- b. Indicate condition of special feature, its supports and connections:

N/A



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2205-2217 SW

80 Ter

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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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ELECTRICAL SAFETY INSPECTION REPORT FORMInspection Firm or Individual Name: Sugli 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

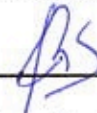
Licensed Design Professional: _____

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:

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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:	2205-2217 SW 80 Ter
c. Legal Description:	VERANO AT MIRAMAR COMMERCIAL CONDOMINIUM UNIT CU-4 BLDG 4
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@sofi management.com</u>
Contact Number:	<u>305 979 1396</u>
g. Folio Number of Property on which Building is located:	514121AC0410
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: 10000 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):

JS

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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: (600 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

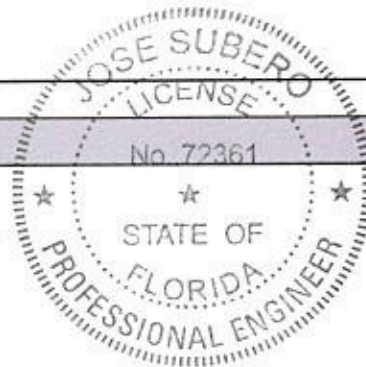
a. Clearances: ☒ Good ☐ Require Repair

Describe nature of repairs: N/A

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 #

(2205):



Good



Need repair

b. Panel #

(2207):



Good



Need repair

c. Panel #

(2209):



Good



Need repair

d. Panel #

(2211):



Good



Need repair

e. Panel #

(2215):



Good



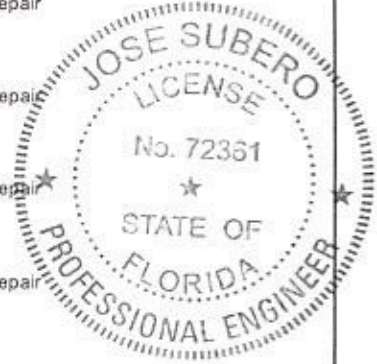
Need repair

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

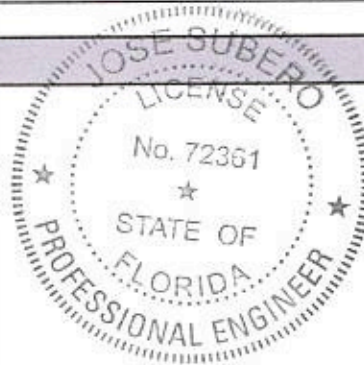


Good



Repairs Required

Comments: No comments.



BS

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11. SERVICE CONDUITS / RACEWAYS



Good



Repairs Required

Comments: No comments.

12. SERVICE CONDUCTOR AND CABLES



Good



Repairs Required

Comments: No comments.

13. GENERAL CONDUIT/RACEWAYS



Good



Repairs Required

Comments: No comments.

14. FEEDER CONDUCTORS

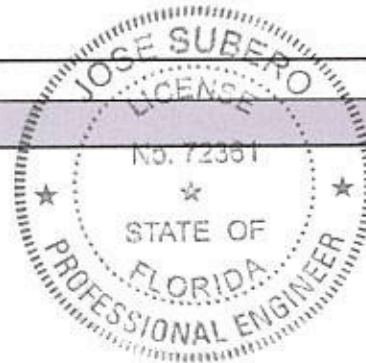


Good



Repairs Required

Comments: No comments.



JS

OCT 28 2024

15. BUSWAYS



Good



Repairs Required

Comments: N/A. This is not busways.

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

☒

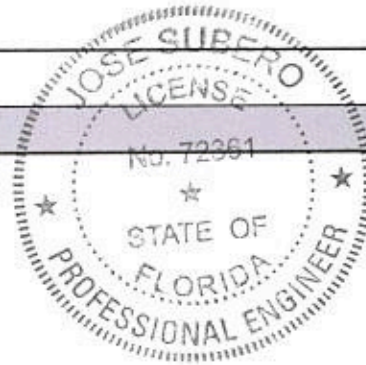
Good

☐

Repairs Required

Comments: No comments

JB



OCT 2 8 2024

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

☒

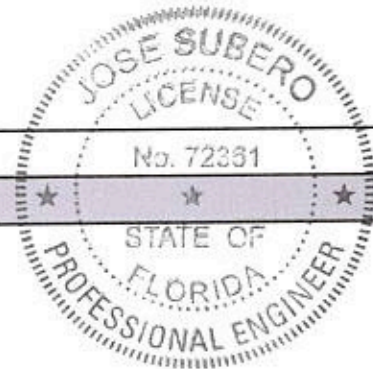
Good

☐

Repairs Required

Comments:

No comments



OCT 2 8 2024

24. SWIMMING POOL WIRING

☐

Good

☐

Repairs Required

Comments:

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

25. WIRING TO MECHANICAL EQUIPMENT



Good

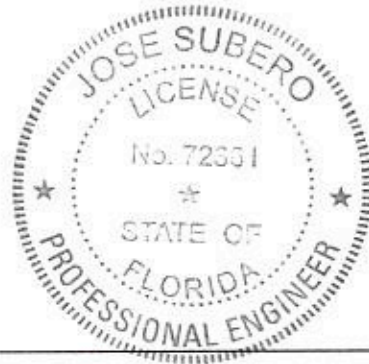


Repairs Required

Comments:

No comments

PS



OCT 28 2024