

CITY OF FORT LAUDERDALE

ITEM 1 OF 1

PERMIT RECEIPT

OPERATOR: murr1
COPY # : 1

Sec:01 Twp:50 Rng:42 Sub:0201AF Blk:0003 Lot:8,9
FOLIO NBR: 0201AF001G

DATE ISSUED.....: 06/07/2010
RECEIPT #.....: P1000014233
REFERENCE ID # ..: 10040729

SITE ADDRESS: 2424 NE 9 ST
SUBDIVISION: COLONIAL MANOR WEST
CITY: FORT LAUDERDALE
IMPACT AREA

OWNER: COLONIAL MANOR WEST APTS CONDO
ADDRESS: 2424 NE 9 ST, UNIT 305
CITY/STATE/ZIP ...: FORT LAUDERDALE, FL 33304

RECEIVED FROM: COLONIAL MANNER WES
CONTRACTOR: LIC # *OWNER*
COMPANY: COLONIAL MANOR WEST APTS CONDO
ADDRESS: 2424 NE 9 ST, UNIT 305
CITY/STATE/ZIP ...: FORT LAUDERDALE, FL 33304
TELEPHONE

FEE ID	UNIT	QUANTITY	AMOUNT	PD-TO-DT	THIS REC	NEW BAL
PBRECERT	FLAT RATE	1.00	200.00	0.00	200.00	0.00
TOTAL PERMIT :			200.00	0.00	200.00	0.00
METHOD OF PAYMENT	AMOUNT	REFERENCE NUMBER				
CREDIT CARD	200.00	10040729				
TOTAL RECEIPT :		200.00				

ATTENTION PERMIT HOLDER: TO SCHEDULE INSPECTIONS, CALL THE CITY OF FORT LAUDERDALE INSPECTION REQUEST LINE AT (954-828-5191) OR SCHEDULE ONLINE AT www.fortlauderdale.gov. FROM THE CITY'S HOMEPAGE UNDER 'COMMUNITY' CLICK ON 'BUILDING PERMITS'. CLICK ON 'ONLINE SERVICES'. TYPE IN PERMIT AND PIN NUMBER (CONTRACTORS ENTER LICENSE NUMBER WITH CAPITAL LETTERS OWNERS TYPE IN THE WORD 'OWNER'). CLICK ON REQUESTED INSPECTION TYPE. ENTER 'INSPECTION DATE', INSTRUCTIONS OR INFORMATION FOR THE INSPECTOR, CONTACT NAME AND PHONE NUMBER. CLICK ON 'SCHEDULE INSPECTION'. REPEAT FOR ADDITIONAL INSPECTIONS.

City of Fort Lauderdale

40-Year Building Safety Report Submittal

700 NW 19th Avenue, Fort Lauderdale FL 33311

*******All 40 yr forms must be completed in black ink*******

Date: 6-7-10 Job Address 2424 NE 9th St, Ft. Lauderdale, FL 33304

Permit Type: BRECERT Permit/Process # 10040729

Owner's Name Colonial Manor West Apt. Condo Assn. (President) Phone # (513) 503-1001
Owner's Address 2424 NE 9th St City Ft Lauderdale State FL Zip 33304
Owner's E-mail Address secretarycmw@gmail.com

Description of Work: 40 YEAR RECERTIFICATION or 40 YEAR RECERTIFICATION RECHECK

(RECHECK ONLY: Permit numbers for repairs N/A)
Job Address 2424 NE 9th St, Ft. Land. FL Present Use Residential Apartments/condos
Subdivision Sunrise Lot 8910 Block 3 Zoning _____
 Square Feet ~36,000 sq. ft.

Engineer Richard M. Zimmer, P.E. Reg. # 18095 Phone 561-391-6917
Engineer's Address 127 NW 13th St, #20, City Boca Raton State FL Zip 33432

Architect _____ Reg. # _____ Phone _____
Architect's Address _____ City _____ State _____ Zip _____

Please make sure your package includes the following with this cover sheet:

- Building Safety Inspection Report Form -- Structural
- Building Safety Inspection Report Form -- Electrical
- Payment of \$200.00, payable by cash, check, Visa or MasterCard

David Haglock
NAME OF CONTACT PERSON

954-568-3772
PHONE NUMBER

6-7-10
DATE OF SUBMITTAL

Visit us at http://www.fortlauderdale.gov/building_services/index.htm

40 year questions: Phone# 954-828-6814

Building Safety Inspection Report Form Amended 12/07/06
STRUCTURAL



Building / Structure address 2424 NE 9th ST, FT. LAUDERDALE, FL 33304

Legal description _____

Folio # of Building /Structure 0201AF001G

Owner's name COLONIAL MANOR WEST CONDO ASSN.

Owner's mailing address 2424 NE 9th ST, Ft. Lauderdale, FL 33304

Building Code Occupancy Classification R-2 In accordance with Building Code Edition 2004

Type of Construction III In accordance with Building Code Edition 2004

Size (Square footage) 28,790 SF

Number of Stories 3

Inspection Firm or Individual ZIMMER CONSTRUCTION CONSULTANTS, PA

Address 129 NW 13th ST, STE 20, BOCA RATON, FL 33432

Phone 561-391-6917

Inspection Commencement Date 12/19/08 Inspection Completion Date 5/28/10

Inspection made by RICHARD M ZIMMER, PE

In accordance with Section 109.16 of the Broward County Administrative provisions of the Florida Building Code and the Broward County Board of Rules and Appeals Policy # 05-05 the required safety inspection has been completed.

No Repairs required

Repairs are required as outlined in the attached inspection report.

Licensed Professional Engineer / Architect Richard M. Zimmer, PE
License # PE 18095



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

Signature and Date Richard M. Zimmer, PE 5/28/10

As a routine matter, and in order to avoid possible misunderstanding, nothing in this inspection Report Form, attached Minimum Inspection Guideline and our Non-Destructive Observations, should be construed directly, or indirectly, as guaranteed or warrantee for any portions of the structure. 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.

MINIMUM INSPECTION GUIDELINES
FOR BUILDING SAFETY INSPECTION
STRUCTURAL

I. Masonry Walls

A. General Description

1. Concrete masonry units - *Good condition*
- ~~2. Clay tile or terra cotta units~~
3. Reinforced concrete tie columns - *Good condition*
4. Reinforced concrete tie beams - *Good condition*
- ~~5. Lintels~~
- ~~6. Other type bond beams~~

B. Cracks: Identify crack size as **HAIRLINE** if barely discernible; **FINE** if less than 1 mm in Width; **MEDIUM** if between 1 and 2 mm in width; **WIDE** if over 2 mm

1. Location - note beams, columns, other *Fine step cracking under some windows.*
2. Description *Wide crack (1/4") at masonry wing wall to bldg. connection. Not a safety issue.*

C. Spalling:

1. Location - note beams, columns, other - *NO spalling of significance noted.*
2. Description -

D. Rebar corrosion

1. None visible ✓
- ~~2. Minor~~
- ~~3. Significant - structural repairs required (describe)~~

II. Floor and Roof Systems:

A. Roof:

1. Describe type of framing system (flat; slope, type roofing, type roof deck, condition)
Flat roof. Mod Bit membrane on wood deck + wood joists. Gen. good condition.
2. Note water tanks, cooling towers, air conditioning equipment, signs, other heavy equipment and condition of supports. *Alvan AC Condenser stands. OK*
3. Note types of drains and scuppers and condition. -

B. Floor system(s):

1. Describe (type of system framing, material, condition) *Elevated floors are of reinf. concrete. No problems observed.*
- ~~2. Heavy equipment and conditions of support~~

- C. Inspection - note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members. *Roof framing visible from attic hatches. Concrete decks observed in Mech. Rms. & Laundry Rms.*

III. Steel Framing Systems:

- ~~A. Description~~
- ~~B. Exposed Steel - describe condition of paint & degree of corrosion.~~
- ~~C. Concrete or other fireproofing - note any cracking or spalling, and note where any covering was removed for inspection.~~
- D. Elevator sheaves beams & connections, and machine floor beams - note Condition. *All appear to be in good condition.*

IV. Concrete Framing Systems:

- A. Full description of structural system. *CIP beam & column framing w/ masonry exterior walls. CIP concrete floors. 3 stories.*
- B. Cracking:
 1. Not significant. ✓
 2. Location and description of members affected and type cracking.
- C. General condition. *No problems seen*
- D. Rebar corrosion
 1. None visible
 - ~~2. Minor~~
 - ~~3. Significant - structural repairs required (describe)~~

V. Windows:

- A. Type (Wood, steel, aluminum, jalousie, single hung, double hung, casement, awning, pivoted, fixed, other) *Metal framed awning and single hung types.*
- B. Anchorage - type & condition of fasteners and latches. *Concrete & wood screws*
- C. Sealants - type & condition of perimeter sealants & at mullions. *Good caulk*
- D. Interior seals - type & condition at operable vents. *Good seals.*
- E. General condition. *About 5% are impact resistant. Windows appear to be in good condition.*

VI. Wood Framing: *Wood framing limited to roof deck and perimeter mansard.*

- A. Describe floor system
- B. Note condition connector or stress *Framing (visible) general good condition.*
- C. Note rotting or termite damage - *None seen*
- D. Note alignment problems - *None seen.*
- E. Note bearing deficiencies - *None seen.*
- F. Note any significant damage that might affect safety and stability of building structure.

VII. Exterior Finishes / Note any structural deficiencies in the following.

- A. Stucco *OK*
- B. Veneer *OK*
- C. Soffits *OK*
- D. Ceiling *OK*
- ~~E. Other~~



Building Safety Inspection Report Form Amended 12/07/06

ELECTRICAL

Building Information

Building / Structure address

2424 NE 9th STREET, FORT LAUDERDALE

Legal description

Folio Number of Building /Structure

0 201 AF 001G

Owner's name

Colonial Manor West Condo Assoc.

Owner's mailing address

2424 NE 9th St. Ft Lauderdale, FL

Building Code Occupancy Classification

In accordance with Building Code Edition

33304

Type of Construction

In accordance with Building Code Edition

Electrical Installation

In accordance with National Electrical Code Edition

Size (Square footage)

28,790

Number of Stories

3

Inspection Firm

Inspection Firm or Individual

JT ELECTRICAL SYSTEMS, INC.

Address

P.O. BOX 24353, OAKLAND PARK, FL 33307

Telephone Number

954-776-1702

Inspection Commencement Date

4/30/10

Inspection Completion Date

5/27/10

Inspection made by

JASON TOMLITZ

In accordance with Section 109.16 of the Broward County Administrative provisions of the Florida Building Code and the Broward County Board of Rules and Appeals Policy # 05-05 the required safety inspection has been completed.

No Repairs required

Repairs are required as outlined in the attached inspection report.

Licensed Professional Engineer / Architect

Richard M Zimmer PE

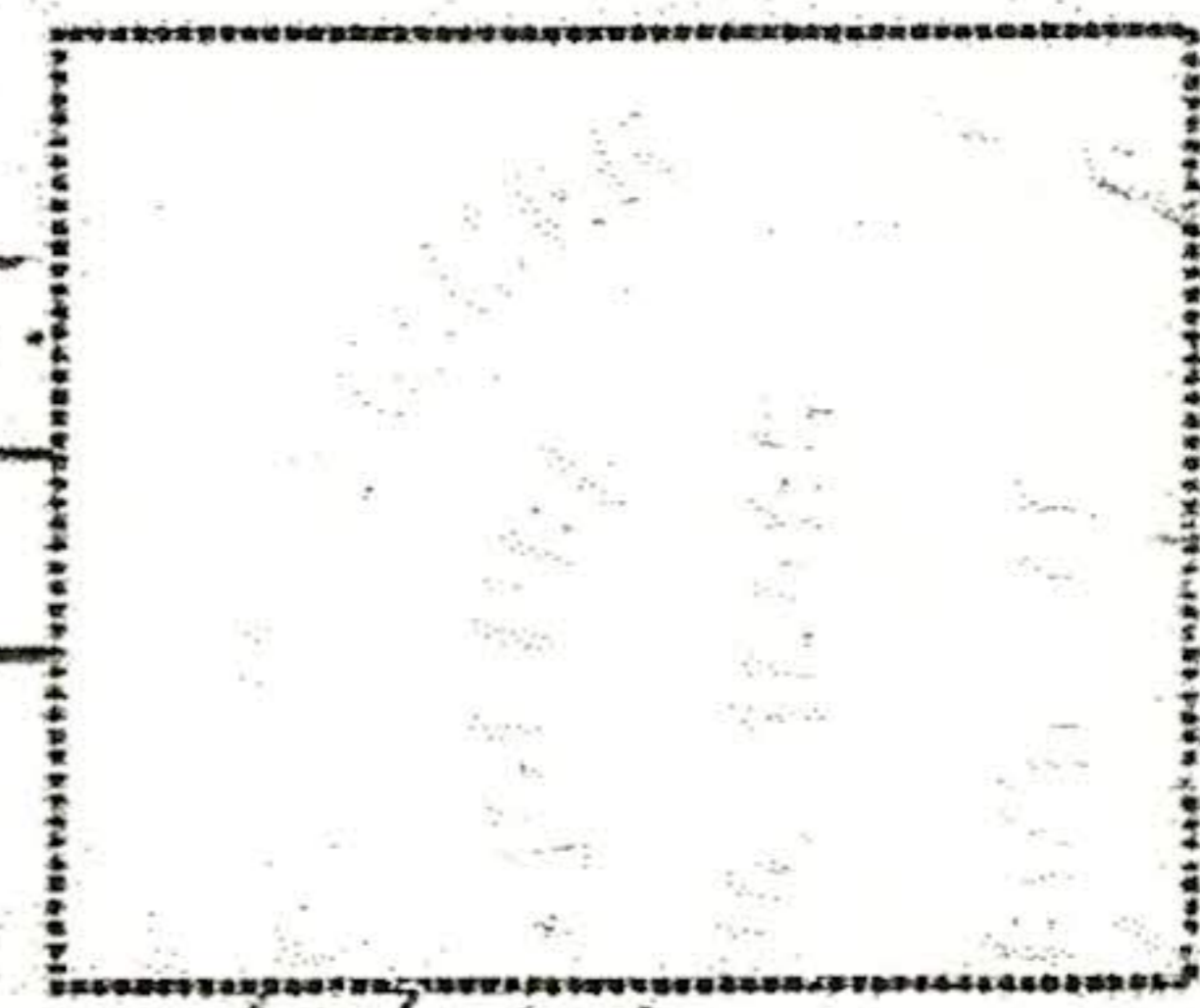
License #

PE 18095

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

Signature and Date

Richard M Zimmer PE 5/27/10



Seal

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MINIMUM INSPECTION GUIDELINES FOR
BUILDING SAFETY INSPECTION
ELECTRICAL

- I. **Electrical Service:**
 - A. Size, Amperage, Voltage: *3 mains total*
 - B. Phase: *Have 400amp 240v 3 phase fused*
 - C. Condition: *Stack 1 - 500amp 1Ø* Code Compliant (X) Requires Repair ()
 - D. Comments: *Stack 2 1000A 1Ø 240V*

- II. **Meter and Electrical Rooms:**
 - A. Clearances: Code Compliant (X) Requires Repair ()
 - B. Comments:

- III. **Switchboards/Meter/Motor Control Centers:** Code Compliant (X) Requires Repair ()
 - Comments:

- IV. **Grounding:**
 - A. Service Code Compliant (X) Requires Repair ()
 - B. Equipment Code Compliant (X) Requires Repair ()
 - C. Comments:

- V. **Conductors:** Code Compliant (X) Requires Repair ()
 - Comments:

- VI. **Auxiliary Gutters/ Wireways/ Busways:**
 - A. Location: Code Compliant (X) Requires Repair ()
 - B. Comments:

- VII. **Electrical Panels:**
 - A. Location Code Compliant (X) Requires Repair ()
 - B. Clearance Code Compliant (X) Requires Repair ()
 - C. Identification Code Compliant (X) Requires Repair ()
 - D. Comments:

- VIII. **Disconnects:**
 - A. Location Code Compliant (X) Requires Repair ()
 - B. Clearance Code Compliant (X) Requires Repair ()
 - C. Identification Code Compliant (X) Requires Repair ()
 - D. Comments:

IX. Branch Circuits:

- A. Identification
- B. Comments:

Code Compliant (X) Requires Repair ()

X. Conduit/Raceways:

Comments:

Code Compliant (X) Requires Repair ()

XI. Low Voltage Wiring Methods

Comments:

Code Compliant (X) Requires Repair ()

XII. Building Illumination:

- A. Building Egress
- B. Emergency
- C. Exit Signs
- D. Comments:

Code Compliant (X) Requires Repair ()

Code Compliant (X) Requires Repair ()

Code Compliant (X) Requires Repair ()

XIII. Fire Alarm System:

Comments:

Code Compliant (X) Requires Repair ()

XIV. Smoke Detectors:

Comments:

Code Compliant (X) Requires Repair ()

XV. Generator:

- A. Emergency
- B. Standby/Optional
- C. Comments:

Code Compliant (X) Requires Repair ()

Code Compliant (X) Requires Repair ()

XVI. Site Wiring:

Comments:

Code Compliant (X) Requires Repair ()

XXIV. Swimming Pool/Spa Wiring:

Comments:

Code Compliant (X) Requires Repair ()

XXV. Wiring to Mechanical Equipment:

Comments:

Code Compliant (X) Requires Repair ()

XXVI. General Additional Comments: