

Department of Regulatory and Economic Resources
Building Code Support Division
11805 S.W. 26th St., Room 230, Miami, FL 33175-2474
T-786-315-2424 F- 786-315-2548

	MOLD INSPECTION REPORT	
No.:	Inspection Made by:	
ty Owner's Name:	Title:	
ty Address:		
f Inspection:		
DESCRIPTION OF STRUCTURE		
Type of Structure:		
General Description: Type of Construction, Size, Number	er of Stories and Special Features:	
Hazardous or unsafe conditions were observed in the st □ No □ Yes. If yes, please describe:	ructure?	
Mold or damage caused by mold was observed in the st □ No □ Yes. If yes, please describe:	ructure?	
Additional Comments:		
t	y Owner's Name:	

^{*} Please duplicate this form and complete a separate report for each structure inspected.

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Dear Building Official:	
	, inspected the structure identified in the attached report on the property located at which is the subject of unsafe structures enforcement action under Case No I hereby attest that I inspected the structure for the presence of mold and damage, 20
repaired and the structure is	my knowledge, belief and professional judgment, that any damage caused by mold has been s free of mold, there are currently no unsafe or or hazardous conditions currently existing in ubject of Case No I also attest that all building code violations have been s safe for occupancy.
acknowledge it must be app	repared in accordance with Section 8-5(c)(4) of the Code of Miami-Dade County; and, loroved as a condition of receiving final inspection approval of the work performed under any correct any violations of the Florida Building Code which existed in the structure inspected.
Sincerely,	
Signature (and Seal)	
Print Name	
License No.	
Address:	
State of Florida County of Miami-Dade Refore me, this	y of, 20, personally appeared who executed the
•	y of, 20, personally appeared who executed the cknowledged before me that same was executed for the purposes therein expressed.
Personally Known	
or Produced Identific	cation