

C. U. PROCESS NUMBER _____

PROPERTY FOLIO NUMBER _____

<u>Financial Institution Information</u>	
Local Agent:	_____
Address:	_____
Phone:	_____



Space above reserved for use of recording office

DISCLOSURE AND FINDINGS REPORT FOR RESIDENTIAL PROPERTIES ACQUIRED THROUGH CERTIFICATE OF TITLE UNDER CHAPTER 45, F.S. (FORECLOSURE AND JUDGEMENTS), AND IN ACCORDANCE WITH ORDINANCE NO. 08-133

THIS REPORT MUST BE COMPLETED BY AN ARCHITECT OR PROFESSIONAL ENGINEER LICENSED AND REGISTERED IN THE STATE OF FLORIDA AND SUBMITTED TO THE ZONING PERMITS SECTION OF THE DEPARTMENT OF PLANNING AND ZONING LOCATED AT 11805 SW 26 STREET, MIAMI, FLORIDA 33175 (786) 315-2666 OR 2660. AN AS-BUILT SURVEY MUST BE ATTACHED TO THE REPORT. (FOR CONDO UNIT, SUBMIT ONE OF THE FOLLOWING: FLOOR PLAN OR ELEVATION PLAN TO INCLUDE PATIO/BALCONY AREA OR PHOTO OF PATIO/BALCONY AREA). ONCE REVIEWED AND APPROVED, THE REPORT MUST BE RECORDED WITH THE MIAMI-DADE COUNTY CLERK OF THE COURTS PRIOR TO THE ISSUANCE OF A CERTIFICATE OF USE. A RECORDED COPY OF THE REPORT IS TO BE SUBMITTED TO THE ZONING PERMITS SECTION.

PREPARED DATE: _____

INSPECTION REPORT PREPARED BY: _____

PRINT NAME: _____

REGISTRATION NUMBER: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

The structural, electrical, mechanical, plumbing and gas system items have been reported based upon visual inspection and to the best of my knowledge, belief and professional judgment.

Signature and Seal

a. Name on Title:
b. Property Address:
c. Legal Description:
d. Owner's Name:
e. Owner's Address:
City, State, Zip
f. Folio Number of Property:
g. Present Use (Select One): Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condo Unit <input type="checkbox"/> Townhouse <input type="checkbox"/>
h. General Description of Property/Structure: Type of Construction, Square Footage, No. of Stories and Special Features.

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ZONING

1. ZONING CLASSIFICATION

Zoning District:	Number of Living Units:
Unit(s) Subdivided into other living quarters	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Estimated Cost for Legalization:	

2. SETBACK REQUIREMENTS (Provide required setbacks for structures)

Principal Residence Year Built:			
Required Setbacks - Front:	Rear:	Interior Side:	Side Street:
Actual Setbacks - Front:	Rear:	Interior Side:	Side Street:
Accessory Structures (shed/gazebo/chickee hut, detached buildings):			
Required Setbacks - Front:	Rear:	Interior Side:	Side Street:
Required Setbacks - Front:	Rear:	Interior Side:	Side Street:
Does spacing between buildings meet code?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swimming pools/spas:			
Does swimming pool/spa meet setback requirements?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Estimated Cost for Legalization:			

3. LOT COVERAGE (Single Family and Duplexes Only)

Lot Size:	
Square footage of principal residence:	
Maximum Lot Coverage Permitted:	
Maximum Lot Coverage Provided:	
Square footage of accessory structures(exclude pools and slabs):	
Do accessory structures exceed rear yard area? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:	
Estimated Cost for Legalization:	

4. FENCES, WALLS AND/OR HEDGES

Are there any height restriction violations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any Sight Safety Triangle violations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:	
Estimated Cost for Legalization:	

5. RESOLUTIONS, VARIANCES AND/OR ADMINISTRATIVE ADJUSTMENTS

Are there any existing Resolution(s) or Administrative Adjustment(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes; does the property meet all condition(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: (Note: Resolution Numbers or Administrative Variances or Adjustments.)	
Estimated Cost for Legalization:	

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STRUCTURAL

1. Additions, alterations including patio or balcony enclosures, or accessory structures that are not compliant with any building code enforced in Miami-Dade County (If yes, will be referred to Building Department for possible enforcement action) Yes No

If Yes is Checked, Describe:

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Estimated Cost to bring into compliance : (Repair or Demolish)

2. PRESENT CONDITION OF STRUCTURE (If any items marked yes, will be referred to the Building Department for possible enforcement action)

1. Bulging	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair
2. Settlement	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair
3. Deflection	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair
4. Cracking	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair
5. Spalling	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair
6. Termite infestation	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair
7. Rotten Wood	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair
8. Rusted Steel Members	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair
9. Other Unsafe Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, identify location and cost of repair

3. WINDOWS AND DOORS

Condition:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:			
Estimated Cost of Repair or Replacement:			

4. ROOF SYSTEM

1. Describe Roof Condition:
2. Good <input type="checkbox"/> Fair <input type="checkbox"/> Repairs Required <input type="checkbox"/>
3. Water Leaks Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, indicate where: _____
4. Comments:
Estimated Cost of Repair or Replacement:

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ELECTRICAL SYSTEMS

1. ELECTRICAL SERVICE (If repairs are required, will be referred to Building Department for possible enforcement action)

1. Size:	Amperage	Fuses	<input type="checkbox"/>	Breakers	<input type="checkbox"/>	
2. Condition:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repairs Required	<input type="checkbox"/>
3. Comments:						
Estimated Cost of Repair or Replacement:						

2. ELECTRICAL SERVICE (If repairs are required, will be referred to Building Department for possible enforcement action)

1. Panel # 1 Location:	Good	<input type="checkbox"/>	Repairs Required	<input type="checkbox"/>
2. Panel # 2 Location:	Good	<input type="checkbox"/>	Repairs Required	<input type="checkbox"/>
3. Panel # 3 Location:	Good	<input type="checkbox"/>	Repairs Required	<input type="checkbox"/>
4. Comments:				
Estimated Cost of Repair or Replacement:				

3. BRANCH CIRCUITS / WIRING DEVICES

1. Identified:	Yes	<input type="checkbox"/>	Must be identified	<input type="checkbox"/>		
2. Conductors:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Must be replaced	<input type="checkbox"/>
3. Wiring Devices:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Must be replaced	<input type="checkbox"/>
4. Comments:						
Estimated Cost of Repair or Replacement:						

4. GROUNDING OF SERVICE (If repairs are required, will be referred to the Building Department for possible enforcement action)

Condition:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repairs Required	<input type="checkbox"/>
Comments:						
Estimated Cost of Repair or Replacement:						

5. SERVICE CONDUITS/RACEWAYS

Condition:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Repairs Required	<input type="checkbox"/>
Comments:						
Estimated Cost of Repair or Replacement:						

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6. SMOKE DETECTORS

Condition:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:	<div style="border: 1px solid black; height: 40px;"></div>		
Estimated Cost of Repair or Replacement:			

7. SWIMMING POOL WIRING (If repairs are required, will be referred to the Building Department for possible enforcement action)

Condition:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:	<div style="border: 1px solid black; height: 40px;"></div>		
Estimated Cost of Repair or Replacement:			

8. WIRING OF MECHANICAL EQUIPMENT

Condition:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:	<div style="border: 1px solid black; height: 40px;"></div>		
Estimated Cost of Repair or Replacement:			

PLUMBING & GAS SYSTEMS

1. WATER SERVICE (check all that apply)

City <input type="checkbox"/>	Well <input type="checkbox"/>
Comments: <div style="border: 1px solid black; height: 15px;"></div>	

2. METER AND WATER SERVICE CONNECTION

Condition:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:	<div style="border: 1px solid black; height: 40px;"></div>		
Estimated Cost of Repair or Replacement:			

3. SEWER SERVICE

City <input type="checkbox"/>	Septic Tank <input type="checkbox"/>
Comments: <div style="border: 1px solid black; height: 15px;"></div>	

4. CITY SEWER CONNECTION OR SEPTIC TANK CONNECTION

Condition:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:	<div style="border: 1px solid black; height: 40px;"></div>		
Estimated Cost of Repair or Replacement:			

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5. GAS SERVICES (If repairs are required, will be referred to the Building Department for possible enforcement action)

YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If YES,	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:			
<div style="border: 1px solid black; height: 40px;"></div>			
Estimated Cost of Repair or Replacement:			

6. PLUMBING FIXTURES

Kitchen	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Bathrooms	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:			
<div style="border: 1px solid black; height: 40px;"></div>			
Estimated Cost of Repair or Replacement:			

7. PLUMBING APPLIANCES

Kitchen	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Water Heater	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Garbage Disposal	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Dishwasher	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Washer / Dryer	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Ice Maker	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:			
<div style="border: 1px solid black; height: 40px;"></div>			
Estimated Cost of Repair or Replacement:			

8. LAWN SPRINKLERS

YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If YES,	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:			
<div style="border: 1px solid black; height: 40px;"></div>			
Estimated Cost of Repair or Replacement:			

9. SWIMMING POOL (If repairs are required, will be referred to the Building Department for possible enforcement action)

YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If YES,	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:			
<div style="border: 1px solid black; height: 40px;"></div>			
Estimated Cost of Repair or Replacement:			

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MECHANICAL SYSTEM

1. AIR CONDITIONING & HEATING SYSTEM

(If repairs are required, will be referred to the Building Department for possible enforcement action)

Equipment:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:			
Estimated Cost of Repair or Replacement:			

Duct Work:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Repairs Required <input type="checkbox"/>
Comments:			
Estimated Cost of Repair or Replacement:			

Additional Comments or Disclaimers:

GOOD FAITH ESTIMATE BY SECTIONS:	
1. Estimated Cost of Zoning Legalization	
2. Estimated Cost of Structural to bring into compliance	
3. Estimated Cost of Electrical Service Repair or Replacement	
4. Estimated Cost of Plumbing and Gas Systems Repair or Replacement	
5. Estimated Cost of Mechanical System Repair or Replacement	
TOTAL ESTIMATED COST OF REPAIR / REPLACEMENT / LEGALIZATION	

INITIALS: _____

Date: _____

