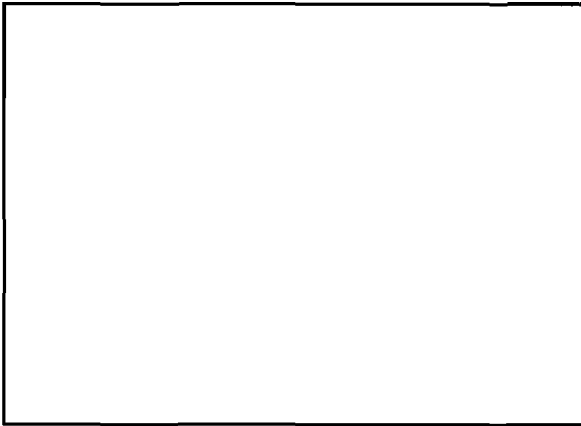


C. U. PROCESS NUMBER _____
 PROPERTY FOLIO NUMBER _____



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. 2009-15 THIS REPORT MUST BE COMPLETED BY AN ARCHITECT OR PROFESSIONAL ENGINEER LICENSED AND REGISTERED IN THE STATE OF FLORIDA AND SUBMITTED TO THE CITY OF DORAL PLANNING & ZONING DEPARTMENT LOCATED AT 8401 NW 53RD TERR, DORAL, FLORIDA 33166. 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: _____

TELEPHONE NUMBER: _____

EMAIL: _____

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 Mailing Address: |
| f. Folio Number of Property: |
| g. Present Use (circle one): SINGLE FAMILY RESIDENCE, DUPLEX, CONDO UNIT, TOWNHOUSE. |
| h. General Description of Property/Structure: Type of Construction, Sq. Footage, Number of Stories, and Special Features... |
| |
| |

C. U. PROCESS NUMBER _____
 PROPERTY FOLIO NUMBER _____

ZONING

1. ZONING CLASSIFICATION

| | |
|---|-------------------------|
| Zoning District: | Number of Living Units: |
| Unit(s) Subdivided into other living quarters | Yes () No () |
| 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 Provided - Front: | Rear: | Interior Side: | Side Street: |
| Accessory Structures (shed/gazebo/chickee hut, detached buildings): | | | |
| Required Setbacks - Front: | Rear: | Interior Side: | Side Street: |
| Actual Setbacks Provided - Front: | Rear: | Interior Side: | Side Street: |
| Does spacing between buildings meet code? | | Yes () | No () |
| Swimming pools/spas: | | | |
| Does swimming pool/spa meet setback requirements? | | Yes () | No () |
| 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 () | No () |
| Comments: | |
| | |
| Estimated Cost for Legalization: | |

4. FENCES, WALLS AND/OR HEDGES

| | | | |
|---|--|---------|--------|
| Are there any height restriction violations? | | Yes () | No () |
| Are there any Sight Safety Triangle violations? | | Yes () | No () |
| Comments: | | | |
| | | | |
| Estimated Cost for Legalization: | | | |

5. RESOLUTIONS, VARIANCES AND/OR ADMINISTRATIVE ADJUSTMENTS

| | | | |
|---|--|---------|--------|
| Are there any existing Resolution(s) or Administrative Adjustment(s)? | | Yes () | No () |
| If yes, does the property meet all condition(s)? | | Yes () | No () |
| Comments(Note: resolution numbers or administrative variance/adjustment): | | | |
| | | | |
| Estimated Cost for Legalization: | | | |

C. U. PROCESS NUMBER _____
 PROPERTY FOLIO NUMBER _____
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)

| | |
|---|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes is checked, describe: | |
| | |
| | |
| Estimated cost to bring into compliance (repair or demolish): | |

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

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

3. WINDOWS AND DOORS

| | | | |
|--|----------|----------|----------------------|
| Condition: | Good () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

4. ROOF SYSTEM

| | | | |
|--|------------------------------|-----------------------------|--------------------------|
| 1. Describe roof condition: | | | |
| 2. Good () | Fair () | Repairs Required () | |
| 3. Water Leaks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, indicates where: |
| 4. Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

C. U. PROCESS NUMBER _____

PROPERTY FOLIO NUMBER _____

ELECTRICAL SYSTEMS

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

| | | | |
|--|--------------|-----------|----------------------|
| 1. Size: | Amperage () | Fuses () | Breakers () |
| 2. Condition: | Good () | Fair () | Repairs Required () |
| 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 # () | Location: | Good () | Repairs Required () |
| 2. Panel # () | Location: | Good () | Repairs Required () |
| 3. Panel # () | Location: | Good () | Repairs Required () |
| 4. Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

3. BRANCH CIRCUITS / WIRING DEVICES

| | | | |
|--|----------|------------------------|----------------------|
| 1. Identified: | Yes () | Must be identified () | |
| 2. Conductors: | Good () | Fair () | Must be replaced () |
| 3. Wiring Devices: | Good () | Fair () | Must be replaced () |
| 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 () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

5. SERVICE CONDUITS/RACEWAYS

| | | | |
|--|----------|----------|----------------------|
| Condition: | Good () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

C. U. PROCESS NUMBER _____
PROPERTY FOLIO NUMBER _____

6. SMOKE DETECTORS

| | | | |
|--|----------|----------|----------------------|
| Condition: | Good () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| 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 () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

8. WIRING OF MECHANICAL EQUIPMENT

| | | | |
|--|----------|----------|----------------------|
| Condition: | Good () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

PLUMBING & GAS SYSTEMS

1. WATER SERVICE (check all that apply)

| |
|---|
| <input type="checkbox"/> City <input type="checkbox"/> Well |
| Comments: |

2. METER AND WATER SERVICE CONNECTION

| | | | |
|--|----------|----------|----------------------|
| Condition: | Good () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

3. SEWER SERVICE

| |
|---|
| <input type="checkbox"/> City <input type="checkbox"/> Septic Tank: |
| Comments: |

4. CITY SEWER CONNECTION OR SEPTIC TANK CONNECTION

| | | | |
|--|----------|----------|----------------------|
| Condition: | Good () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

C. U. PROCESS NUMBER _____
 PROPERTY FOLIO NUMBER _____

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

| | | | | |
|--|-----------------------------|----------|----------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| If yes | Good () | Fair () | Repairs Required () | |
| Comments: | | | | |
| | | | | |
| | | | | |
| Estimated Cost of Repair or Replacement: | | | | |

6. PLUMBING FIXTURES

| | | | |
|--|----------|----------|-----------------------|
| Kitchen | Good () | Fair () | Repair or Replace () |
| Bathrooms | Good () | Fair () | Repair or Replace () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

7. PLUMBING APPLIANCES

| | | | |
|--|----------|----------|-----------------------|
| Kitchen | Good () | Fair () | Repair or Replace () |
| Water Heater | Good () | Fair () | Repair or Replace () |
| Garbage Disposal | Good () | Fair () | Repair or Replace () |
| Dishwasher | Good () | Fair () | Repair or Replace () |
| Washer/Dryer | Good () | Fair () | Repair or Replace () |
| Ice Maker | Good () | Fair () | Repair or Replace () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

8. LAWN SPRINKLERS

| | | | | |
|--|-----------------------------|----------|----------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| If yes | Good () | Fair () | Repairs Required () | |
| Comments: | | | | |
| | | | | |
| | | | | |
| Estimated Cost of Repair or Replacement: | | | | |

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

| | | | | |
|--|-----------------------------|----------|----------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| If yes | Good () | Fair () | Repairs Required () | |
| Comments: | | | | |
| | | | | |
| | | | | |
| Estimated Cost of Repair or Replacement: | | | | |

C. U. PROCESS NUMBER _____
 PROPERTY FOLIO NUMBER _____

MECHANICAL SYSTEM

1. AIR CONDITIONING & HEATING SYSTEM (If repairs are required, will be referred to the Building Department for possible enforcement action)

| | | | |
|--|----------|----------|----------------------|
| Equipment: | Good () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

| | | | |
|--|----------|----------|----------------------|
| Duct Work: | Good () | Fair () | Repairs Required () |
| Comments: | | | |
| | | | |
| | | | |
| Estimated Cost of Repair or Replacement: | | | |

| 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: _____

