Contract # 48175

Milestone Inspection – Phase 1

Prepared for the Board of Directors for the

Ola Grande Condominium

This Report contains Milestone Inspection - Phase 1 for the Property with Address of:

5350 Ocean Beach Blvd, Cocoa Beach, Florida 32931 (Bldg 2)

BERYL
Engineering ▪ Inspection

October 7, 2024

Purpose and Non-Conflict of Interest Disclosure

The purpose of this report is to certify the enclosed Milestone Inspection and Report was prepared for the above-mentioned association and is the result of work performed by Beryl Engineering & Inspection, LLC (Beryl). In addition, we certify that, to the best of our knowledge and belief:

1. All facts contained in this report are true and accurate.
2. Beryl has no present or prospective interest in the subject property of this report, and also has no personal interest with respect to the parties involved.
3. Beryl has no bias with respect to the subject property of this report or to the parties involved with this assignment.
4. Our engagement in this assignment was not contingent upon producing or reporting predetermined results.
5. Our compensation is not contingent on any action or event resulting from this report.
6. We have the knowledge and experience to generate accurate Milestone Inspection Report on all buildings contained within this report
7. We have performed a physical inspection of the subject risk(s) contained in this report.

Beryl conducted a Milestone Inspection – Phase I Per the Florida Statute Title XXXIII, Chapter 553, Section 899 and in conformance with the scope of work specified in SB 4-D & SB 154 – Building Safety, Dated May 26, 2022, and all other executed amendments to SB 4-D & SB 154, revisions Dated May 04, 2023, and, signed by the governor on June 09, 2023, passed by the state, as per the date of this report. The purpose of the Milestone Inspection – Phase I is to assess the subject property and determine the present condition of all of the major structural elements and components of the building(s), highlighting any deferred maintenance, commenting on on-site management issues as they relate to the care of the property, and documenting all observed deficiencies.

It is understood that Beryl did not evaluate the adequacy of the original construction system or materials used and does not ensure the adequacy and sufficiency of any documents or improvements reviewed. This assessment does not purport to encompass every report, record, permit, or other documentation relevant to the property and does not create or imply any guarantee of future building conditions or value.

The purpose of the property review was to assess the subject property and to determine the present condition of the following about the Building/Structural Components to include: Roofs, exteriors, breezeways, framing elements, load bearing, shear walls, foundation, and stairs.

We did not gain access to all areas, operate any specific equipment, or perform any tests. Beryl identified those areas that, in our opinion, require remedial work or restoration. This report is based on our professional opinion and field observations. It should be noted that site development drawings were not provided for our review.

MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024
MILESTONE INSPECTION REPORT FORM PHASE 1

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MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM

PHASE 1 Milestone Inspection

(●) Initial Phase 1 Inspection Report ( ) Amended Phase 1 Inspection Report as required after completion of any repairs.

Note: All Required Fields Appear in Red

Licensed Engineer(s) or Architect(s) Responsible for the Milestone Inspection

---

Inspection Firm Name (if applicable): Beryl Engineering & Inspection

Inspection Engineer/Architect Name and License Number: Leo Cannyn, PE-65994

Address: 8202 N. Armenia Ave, Suite A, Tampa, FL 33604

Telephone Number: (813) 616-3301

Assuming Responsibility for: (●) All ( ) Portion - If Portion please list:

Inspection Commenced Date: 10/07/2024 Inspection Completed Date: 10/07/2024

Additional Inspection Firm Name (if applicable):

Additional Inspection Engineer/Architect Name:

Address:

Telephone Number:

Assuming responsibility for: ( ) All ( ) Portion – If portion please list:

Inspection Commenced Date: Inspection Completed Date:

NOTE: Add pages as required to list all additional design professionals assuming responsibility for the Milestone Inspection or portions thereof. Each Design Professional must sign and seal their portion of the work in accordance with Florida Statutes.

Please check all that apply:

☐ Substantial Structural Deterioration Observed; Phase 2 inspection is required

☐ Reason to Believe a Dangerous Inaccessible Condition of Major Structural Component; Phase 2 inspection is required to complete Milestone Inspection of Inaccessible Conditions

☐ Dangerous Condition Observed; Structural Evaluation is required; A Phase 2 Inspection is required

**A condition exists that the Milestone Inspector determines would need a Phase 2 Inspection or structural evaluation of the specific item identified or area in order to determine whether a dangerous condition exists.*

☐ Immediate Dangerous Condition Observed; Notify Building and Fire Official; Structural Evaluation May be required, possible Shoring and a Phase 2 inspection is required

☑ Maintenance Needed but does not raise to the level of Substantial Deterioration or Dangerous. Phase 1 Inspection Passes

☐ Passed Phase 1 Inspections

Licensed Design Professional: ☑ Engineer ☐ Architect

Name: Leo Cannyn

License Number: PE-69554

Seal

Click the button below to check if all required fields are completed.
If they are not, you will be told which fields must be completed.
If they are, the signature box below will unlock, allowing you to sign and lock the form.

Check Required Fields

I am qualified to practice in the discipline in which I am hereby signing,

Signature: Date

This report has been based upon the minimum milestone inspection requirements as listed in *Chapter 18 of the Florida Building Code, Existing Building*. 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.

See: General Considerations & Guideline

Supporting Data Attached:

Add Attachments

Licensed Design Professional: ☑ Engineer ☐ Architect

Name: Leo Cannyn

License Number: PE-69554

Seal

Click the button below to check if all required fields are completed.
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See: General Considerations & Guideline

Supporting Data Attached:

Add Attachments

1. DESCRIPTION OF STRUCTURE

Add Attachments

a. Name on Title: Ola Grande Condo Inc

b. Street Address: 5350 Ocean Beach Blvd, Cocoa Beach, FL 32931

c. Legal Description: OLA GRANDE CONDO CONDO COMMON AREA OLA GRANDE CONDO AS DESC IN ORB 1607 PG 480 AND ALL AMENDMENTS THERETO.

d. Owner's Name: Kristy McDonald

e. Owner's Mailing Address:
5350 Ocean Beach Blvd, Cocoa Beach, FL 32931

f. Email Address:
kristy.showcase@gmail.com

Contact Number:
(321) 328-3022

g. Folio Number of Property on Which Building is Located:

h. Building Code Occupancy Classification: 310.3 Residential Group R-2

i. Present Use: 0949 - NON-TAXABLE CONDOMINIUM COMMON AREA

j. General Description:
3 story multifamily residential

Type of Construction:

k. Square Footage:

1. Total Building Area: 26550

Number of Stories: 3

2. Building Footprint Area: 8850

l. Name of the Condo or Coop Entity: Ola Grande Condominium Association

m. Special Features:

n. Describe any Additions to Original Structure:

o. Approximate Distance to the Coast and Method Used to Determine Distance:
Approximately 473.17 ft via google maps measurement.

2. PRESENT CONDITION OF STRUCTURE

Add Attachments

a. General Alignment (Note: Good, Fair, Poor, Significant - Explain if significant):

1. Bulging:	○ Good	○ Fair	◉ Poor	○ Significant
Bulging Stucco with Water Staining Unit 107 Patio Ceiling See Photos 5-13. Stucco was opened to verify that structural framing wood members did not have wood rot.				
2. Settlement:	◉ Good	○ Fair	○ Poor	○ Significant
3. Deflections:	◉ Good	○ Fair	○ Poor	○ Significant
4. Expansion:	◉ Good	○ Fair	○ Poor	○ Significant
5. Contraction:	◉ Good	○ Fair	○ Poor	○ Significant

b. Portion Showing Distress (Note: Beams, Columns, Structural Walls, Floor, Roofs, Other):

Bulging Stucco with Water Staining Unit 107 Patio Ceiling See Photos 5-13. Stucco was opened to verify that structural framing wood members did not have wood rot.

[2. PRESENT CONDITION OF STRUCTURE CONTINUED]

c. Surface Conditions – Describe general conditions of finishes, noting cracking, spalling, peeling, signs of moisture penetration and strains:

Bulging Stucco with Water Staining Unit 107 Patio Ceiling See Photos 5-13. Stucco was opened to verify that structural framing wood members did not have wood rot.

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

Location: ○ Hairline ○ Fine ○ Medium ○ Wide

e. General Extent of Deterioration – Cracking or Spalling Concrete or Masonry, Oxidation of Metals; Rot or Borer Attack in Wood:

f. Note Previous Patching or Repairs:

g. Nature of Present Loading Indicate Residential, Commercial, Other Estimate Magnitude:

h. Are there any other significant observations? ○ Yes ◉ No

If Yes, Describe:

3. INSPECTIONS

Add Attachments

a. Date of Notice of Required Inspection: _____

b. Date(s) of Actual Inspection: 10/07/2024

c. Name and Qualifications of the Individual Preparing Report:

Leo Cannyn, PE-69554

d. Description of Laboratory or Other Formal Testing, If Required, Rather than Manual or Visual Procedures:

e. Has the property record been researched for any current code violations or unsafe structure cases?

○ Yes ◉ No

Explanation/Comments:

Information not available from building department.

4. SUPPORTING DATA ATTACHED

Add Attachments

Check if attached:

a. Sheets of written data: ○ Yes ○ No

b. Photographs: ◉ Yes ○ No

c. Drawings or sketches: ○ Yes ○ No

d. Test reports: ○ Yes ○ No

5. FOUNDATION

a. Describe Building Foundation:

Slab on Grade Satisfactory Condition

b. Is Wood in Contact or Near Soil? ○ Yes ◉ No ○ N/A, Explain Below

c. Signs of Differential Settlement? ○ Yes ◉ No

If Yes, Explain:

d. Describe Any Cracks, Separation, or Other Signs in the Walls, Column or Beams that Signal Differential Settlement:

e. Is water drained away from the foundation?

If No, Explain: ◉ Yes ○ No

f. Is there additional Sub-Soil Investigation required? ○ Yes ◉ No

If Yes, Describe:

6. MASONRY BEARING WALL – Indicate Good, Fair, Poor, or Significant on Appropriate Lines (Definitions for assessments can be found in section 19)

Does this building have Masonry Bearing Walls? If yes, continue on. If no, skip to Section 7.

(Note: Good, Fair, Poor, Significant) (●) Yes ( ) No

a. Concrete Masonry Units:
(●) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

b. Clay Tile or Cotta Units:
( ) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

c. Reinforced concrete tie Columns:
( ) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

d. Reinforced Concrete Tie Beams:
( ) Good ( ) Fair ( ) Poor ( ) Significant (●) N/A

e. Lintel:
( ) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

f. Other Type Bond Beams:
( ) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

g. Masonry Finishes – **Exterior**:

1. Stucco:
( ) Good (●) Fair ( ) Poor ( ) Significant ( ) N/A

2. Veneer:
( ) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

3. Paint Only:
( ) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

4. Other:
( ) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

Explain:

Bulging Stucco with Water Staining Unit 107 Patio Ceiling See Photos 5-13. Stucco was opened to verify that structural framing wood members did not have wood rot.

h. Cracks – Note Beams, Columns, or Others, Including Locations (Description):

i. Spalling – In Beams, Columns, or Others, Including Locations (Description):

j. Rebar Corrosion – Check Appropriate Line:

1. ◉ None Visible
2. ○ Minor – Patching will suffice
3. ○ Significant – Patching will suffice
4. ○ Significant – Structural repairs required

Describe:

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

(Note: Good, Fair, Poor, Significant) Add Attachments

a. Roof:

1) Roof Pitch

- [x] Flat
- [ ] Pitched

2) Roof Structural Framing

- [ ] Wood
- [ ] Steel
- [ ] Concrete
- [x] Unknown
- [ ] Other

If Other, Describe:

3) Roof Structural Framing Condition:

◯ Good ◯ Fair ◯ Poor ◯ Significant

4) Roof Deck Material

- [x] Concrete
- [ ] Wood
- [ ] Structural concrete on steel deck
- [ ] Non-structural / insulating concrete on steel deck
- [ ] Bare steel deck
- [ ] Other

Describe:

5) Roof Cladding Type

- [ ] Tile
- [ ] Asphalt shingles
- [ ] Built-up roofing (BUR)
- [x] Single ply (Membrane)
- [ ] Metal
- [ ] Other

Describe:

[7. FLOOR AND ROOF SYSTEM CONTINUED] (Note: Good, Fair, Poor, Significant)

6) Roof Covering Condition

(•) Good ( ) Fair ( ) Poor ( ) Significant

7) Note Water Tanks, Cooling Towers, Air Conditioning Equipment, Signs, Other Heavy Equipment and Condition of Support:

HVAC Stands Satisfactory Condition

8) Note Types of Drains, Scuppers, and Condition:

Scuppers

9) Describe Parapet Construction and Current Condition:

10) Describe Mansard Construction and Current Condition:

(•) Good ( ) Fair ( ) Poor ( ) Significant ( ) N/A

Construction of Mansard is Satisfactory but Wood Shakes for Mansard Roof are at end of life.

[7. FLOOR AND ROOF SYSTEM CONTINUED] (Note: Good, Fair, Poor, Significant)

11) Describe Any Roofing Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection:

12) Note Any Expansion Joint and Condition:

○ Good ○ Fair ○ Poor ○ Significant

b. Floor System(s):

1. Describe (Type of System Framing, Material, Spans, Condition, Balconies):

Condition:

◉ Good ○ Fair ○ Poor ○ Significant

2. Balcony Structural System

- ○ Edge and Building Face
- ◉ Supported Cantilever
- ○ No Balcony

(If no balcony skip to number 7, Stairs and Elevators)

3. Balcony Exposure (if structure is on the coast)

- ○ Ocean facing
- ◉ Non-ocean facing

[7. FLOOR AND ROOF SYSTEM CONTINUED] (Note: Good, Fair, Poor, Significant)

4. Balcony Construction

- ☐ Concrete
- ☐ Steel framing with concrete topping
- ☐ Wood
- ☑ Other (define in narrative)

Metal Framing with Trex Decking

5. Balcony Condition Rating

- ◉ Good
- ○ Fair (e.g., minor cracking, minor rebar corrosion – patching will suffice)
- ○ Poor (e.g., significant cracking, rebar corrosion requiring repairs)
- ○ Significant

6. Balcony Condition Description (e.g., Spalling, Cracking, Rebar Corrosion)

7. Stairs and Elevators – Indicate location, framing system, material, and condition:

Concerete Stairs at Front of Units Satisfactory Condition

8. Ramps – Indicate location, framing system, material, and condition:

[7. FLOOR AND ROOF SYSTEM CONTINUED] (Note: Good, Fair, Poor, Significant)

9. Guardrails – Indicate type, location, and material
(If no Guardrail, skip to "c. Inspection")

☐ Wood ☐ Stainless Steel ☐ Glass ☐ None

☐ Metal ☐ Ungalvanized Steel ☐ CMU Kneewall

☐ Aluminum ☐ Concrete Kneewall ☑ Other Concrete Spindles

Describe any details:

10. Guard Condition (define ratings depending on guard system)

◉ Good ○ Fair ○ Poor ○ Significant, Describe:

c. Inspection – Note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members:

8. STEEL FRAMING SYSTEM

Add Attachments

Steel Framing System Exists: ○ Yes ◉ No (If no Steel Framing System, skip to section 9)

a. Full Description of System:

b. Exposed Steel – Describe condition of paint and degree of corrosion:

c. Steel Connections – Describe type and condition:

d. Concrete or Other Fireproofing – Describe any cracking or spalling and note where any covering was removed for inspection:

e. Identify any steel framing member with obvious overloading, overstress, deterioration or excessive deflection (provide location(s)):

f. Elevator Sheave Beams, Connections, and Machine Floor Beams – Note Column:

9. CONCRETE FRAMING SYSTEM

Add Attachments

Concrete Framing System Exists: (●) Yes ( ) No (If no Concrete Framing System, skip to section 10)

a. Full Description of Structural System:

CMU Walls with Stucco Veneer on a Slab on Grade Foundation

b. Cracking:

1. ( ) Significant ( ) Not Significant

2. Description of members affected location and type of cracking:

c. General Condition Description:

CMU Walls with Stucco Veneer on a Slab on Grade Foundation - Satisfactory Condition

d. Rebar Corrosion – Check Appropriate Line:

1. (●) Non-Visible
2. ( ) Significant – Patching will suffice
3. ( ) Significant – Structural repairs required

Describe:

[9. CONCRETE FRAMING SYSTEM CONTINUED]

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

1. (●) No
2. ( ) Yes – Describe color, texture, aggregate, general quality:

f. Identify any concrete framing member (e.g., slabs and transfer elements) with obvious overloading, overstress, deterioration (e.g., efflorescence at underside of slab or at base of column or wall) or excessive deflection (provide location(s)):

(Note: ⓘ Good, Fair, Poor, Significant)

10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS

a. Structural Glazing on the exterior envelope of threshold building: ○ Yes ◉ No

1. Previous Inspection Date:	

2. Description of Curtainwall Structural Glazing and adhesive sealant:

3. Describe Condition of System:

b. Exterior Doors:

1. Type: ○ Wood ○ Steel ○ Aluminum ○ Sliding Glass Door ○ Other
(If Other, Describe):

2. Anchorage Type and Condition of Fasteners and Latches

3. Sealant Type and Condition of Sealant:
○ Good ○ Fair ○ Poor ○ Significant

4. Describe General Condition:

5. Describe repairs needed:

11. WOOD FRAMING

Add Attachments

Wood Framing System Exists: ◯ Yes ◯ No (If no Wood Framing System, skip to section 12)

a. Type – Fully describe if mill construction, light construction, major spans, trusses:

Mansard roof Stick Built Satisfactory Condition

b. Indicate Condition of the Following:

1. Walls:

2. Floors:

3. Roof Member, Roof Trusses:

c. Note Metal Fitting (i.e., Angles, Plates, Bolts, Splint Pintles, Other and Note Condition):

d. Joints – Note if well fitted and still closed:

[11. WOOD FRAMING CONTINUED]

e. Drainage – Note accumulations of moisture:

f. Ventilation – Note any concealed spaces not ventilated:

g. Note any concealed spaces opened for inspection:

h. Identify any wood framing member with obvious overloading, overstress, deterioration, or excessive deflection:

12. BUILDING FACADE INSPECTION

Add Attachments

a. Identify and describe the exterior walls and appurtenances on all sides of the building (cladding type, corbels, precast appliques, etc.):

CMU Walls Stucco Veneer with Light Fixtures

b. Identify attachment type of each appurtenance type (mechanically attached or adhered):

Mechanically Fastened

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):

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.):

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

14. DETERIORATION

a. Based on the scope of the inspection, describe any structural deterioration and describe the extent of such deterioration.

15. UNSAFE CONDITIONS

a. State whether unsafe or dangerous conditions exist, as these terms are defined in the Florida Building Code, where observed. ○ Yes ◉ No

By checking this box, the undersigned states that the inspections detailed in this report were performed with the primary objective of identifying potential structural issues. Other conditions may render a building unsafe, including, but not limited to, the existence of unsanitary conditions, inadequate maintenance, illegal occupancy, inadequate means of egress, or inadequate lighting and ventilation. If potentially unsafe conditions were observed, they will be noted, but the inspections were not intended to be a comprehensive assessment of whether any such conditions exist in the subject building.

16. SAFE OCCUPANCY DETERMINATION

a. Based on the results of the inspection, does the building or any portion of the building need to be vacated, secured, or access limited? If so, what portions of the building need to be vacated and how quickly do those portions need to be vacated, secured, or access limited? ○ Yes ◉ No

Add Attachments

17. SUMMARY OF FINDINGS

The below Condition(s) were noted within this Phase 1 Inspection.	Phase 2 Inspection Required:
☐ Indication of Dangerous Condition Observed	○ Yes ◉ No
☐ Actual Dangerous Condition Observed	○ Yes ○ No
☐ Indication of Substantial Structural Deterioration Observed	○ Yes ○ No
☐ Actual Substantial Structural Deterioration Observed	○ Yes ○ No
☑ Indication of Need for Maintenance	○ Yes ◉ No
☐ Indication of Need for Repair	○ Yes ○ No
☐ Indication of Need for Replacement	○ Yes ○ No
☐ Inaccessible Condition of Structural Component	○ Yes ○ No

18. REVIEW OF EXISTING DOCUMENTS AND PERMIT RECORDS

It appears that unpermitted structural work has been performed as follows, and the Building Official has been notified:

○ Yes ◉ No

If yes, describe unpermitted work:

Add Attachments

19. DEFINITIONS OF TERMS

Good: No Substantial Structural Deterioration and No Dangerous Condition Observed.

Fair: Indication of Substantial Structural Deterioration Observed and No Dangerous Condition Observed.

Poor: Actual Substantial Structural Deterioration Observed and No Dangerous Condition Observed.

Significant: Any Observation which is an Indication of Dangerous Condition or Actual Dangerous Condition.

Major Structural Component. Means a building's load-bearing elements, primary structural members, and primary structural systems.

Substantial Structural Deterioration. Means a condition that negatively affects a building's structural condition and integrity, or a major structural component whose condition meets the definition of Dangerous. The term does not include surface imperfections such as cracks, distortion, sagging, deflections, misalignment, signs of leakage, or peeling of finishes unless the licensed engineer or architect performing the phase one or phase two inspection determines that such surface imperfections are a sign of substantial structural deterioration.

Unsafe conditions. Buildings that are or hereafter become *unsafe*, insanitary or deficient because of inadequate means of egress facilities, inadequate light and ventilation, or that constitute a fire hazard, or are otherwise dangerous to human life or the public welfare, or that involve illegal or improper occupancy or inadequate maintenance, shall be deemed an *unsafe* condition. *Unsafe* buildings shall be taken down and removed or made safe as the *code official* deems necessary and as provided for in this code. A vacant building that is not secured against unauthorized entry shall be deemed *unsafe*. If an owner of the building fails to submit proof to the local enforcement agency that repairs have been scheduled or have commenced for substantial structural deterioration identified in a phase two milestone inspection report within the required timeframe, the local enforcement agency must review and determine if the building is unsafe for human occupancy.

Dangerous. Any building, structure or portion thereof that meets any of the conditions described below shall be deemed dangerous:

1. The building or structure has collapsed, has partially collapsed, has moved off its foundation or lacks the necessary support of the ground.

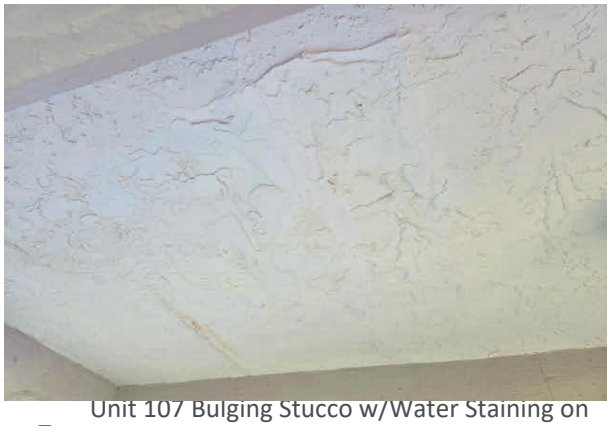
2. There exists a significant risk of collapse, detachment or dislodgment of any portion, member, appurtenance or ornamentation of the building or structure under permanent, routine, or frequent loads; under actual loads already in effect; or under wind, rain, flood, or other environmental loads when such loads are imminent.

1 Front of Building 2 Units 105-109 & 209-218

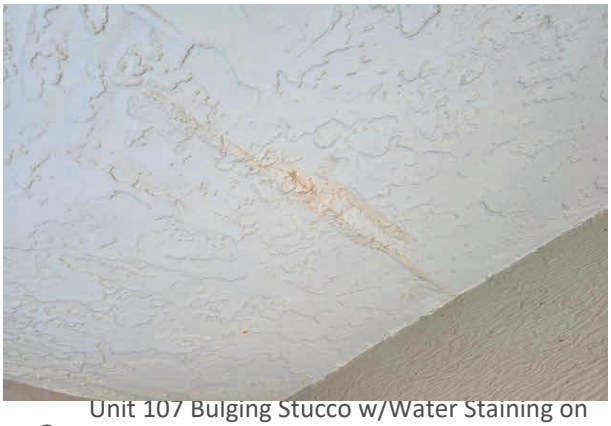
2 Right Side of Building 2 Units 105-109 & 209-218

3 Rear Side of Building 2 Units 105-109 & 209-218

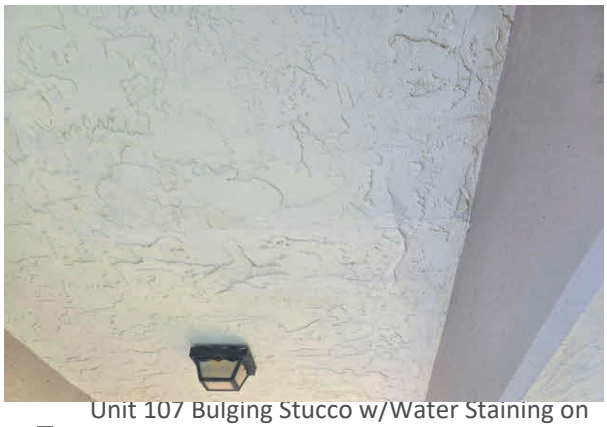
4 Left Side of Building 2 Units 105-109 & 209-218



5 Unit 107 Bulging Stucco w/Water Staining on Patio Roof

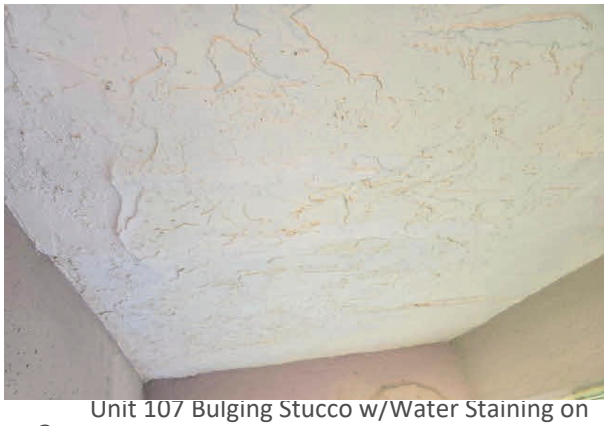


6 Unit 107 Bulging Stucco w/Water Staining on Patio Roof



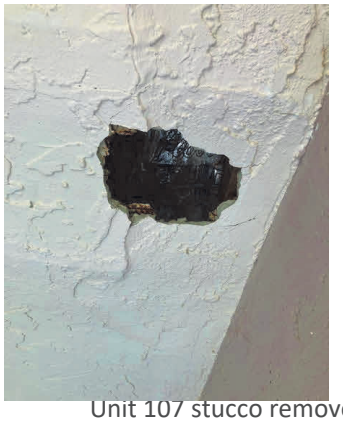
7 Unit 107 Bulging Stucco w/Water Staining on Patio Roof

8 Unit 107 Bulging Stucco w/Water Staining on Patio Roof



9 Unit 107 Bulging Stucco w/Water Staining on Patio Roof

10 Unit 107 stucco removed



11 Unit 107 stucco removed to verify framing memebers

12 Unit 107 balcony with wood framing memebers

13 Unit 107 balcony with wood framing memebers