



# MIAMI-DADE COUNTY

MIAMI-DADE COUNTY  
DEPARTMENT OF PLANNING AND ZONING  
PERMANENT CERTIFICATE OF USE

SEC: 21 TWP: 54 RNG: 39  
FOLIO: 3049210200830

CERT NO: 2010037763  
PROCESS NO: U2010009596  
ZONE: RUTH  
FEE: \$55.62

MAILING ADDRESS/CONTACT PERSON: REINALDO REMEDIOS  
11767 S DIXIE HWY 114  
MIAMI, FL 33156-  
CORP NAME/D/B/A AND ADDRESS: SPECIALIZED ASSET MGMT REQ  
SPECIALIZED ASSET MGMT REQ  
5042 SW 104 PL

BUSINESS USE: CERTIFICATION OF RESIDENCE  
USE SPECIFICS: CERTIFICATE OF RESIDENCE  
CONDITIONS: BK 27308 PB 2794

LEGAL DESCRIPTION: LAKES OF THE MEADOW MEADOW HOMES  
PB 133-5

DATE OF CU ISSUANCE: 6/4/2010

THIS CERTIFICATE MUST BE POSTED ON PREMISES.

THIS CERTIFICATE OF USE IS VALID FOR AN UNLIMITED TIME OR AS INDICATED BELOW PROVIDED THERE ARE NO CHANGES IN THE USE, BUSINESS NAME OR OWNERSHIP. ALSO, THERE MAY BE NO EXPANSIONS, ALTERATIONS OR ADDITIONS TO THE APPROVED USE. ALL CHANGES LISTED ABOVE WILL REQUIRE ISSUANCE OF A NEW CERTIFICATE OF USE.

THIS CERTIFICATE OF USE DOES NOT RELIEVE THE APPLICANT FROM COMPLIANCE WITH ANY FEDERAL, STATE, OR LOCAL REGULATIONS. YOU ARE ALSO REQUIRED TO ALLOW ZONING INSPECTIONS AT ANY REASONABLE TIME BY REPRESENTATIVES OF THE DEPARTMENT. FOR MORE INFORMATION, PLEASE CONTACT THE ZONING PERMIT SECTION AT (786) 315-2666. IN ADDITION TO THE ZONING PERMIT SECTION, APPLICANT MUST ALSO CONTACT THE BUILDING DEPARTMENT AT (786) 315-2100 FOR OCCUPANCY REQUIREMENTS AND LOCAL BUSINESS TAX RECEIPT AT (305) 270-4949.

6/4/2010 15:54 6262 311006040106 TCPM9390 CENTRAL 55.62

JB

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C. U. PROCESS NUMBER  
PROPERTY FOLIO NUMBER 30-4921-020-0830



CFN 2010R0376702  
DR Bk 27308 Pgs 2794 - 2802 (9pgs)  
RECORDED 06/04/2010 15:42:38  
HARVEY RUVIN, CLERK OF COURT  
MIAMI-DADE COUNTY, FLORIDA

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: 06/02/2010

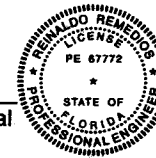
INSPECTION REPORT PREPARED BY:

PRINT NAME: REINALDO REMEDIOS  
REGISTRATION NUMBER: P.E. 67772  
MAILING ADDRESS: 11767 S. Dixie Hwy, # 114  
Miami, FL 33156  
TELEPHONE NUMBER: 1 888 978 2312  
EMAIL: Reinaldo@DHlmiami.com

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.

The seal appearing in this doc was authorized by Reinaldo Remedios P.E. 67772 on

06/02/2010  
Signature and Seal



Digitally signed by Reinaldo Remedios DN: cn=Reinaldo Remedios, o, ou=PE 67772, email=remedi@hotm.com, c=US Date: 2010.06.04 00:25:58 -0400

|  |   |
|--|---|
| a. Name on Title:  | SPECIALIZED ASSET MGMT-REO  |
| b. Property Address:   | 5042 SW 154 PL, MIAMI, FLORIDA, 33185                                   |
| c. Legal Description:  | LAKES OF THE MEADOW-MEADOW HOMES PB 133-5 LOT 38 BLK 4 LOT SIZE 5180 SQ |
| d. Owner's Name:   | SPECIALIZED ASSET MGMT-REO  |
| e. Owner's Mailing Address:  | 5042 SW 154 PL, MIAMI, FLORIDA, 33185                                   |
| f. Folio Number of Property:   | 30-4921-020-0830  |
| g. Present Use (circle one):   | <del>SINGLE FAMILY RESIDENCE</del> , DUPLEX, CONDO UNIT, TOWNHOUSE      |
| h. General Description of Property/Structure: Type of Construction, Square Footage, Number of Stories, and Special Features... |   |
| TWO STORY, SLAB ON GRADE FOUNDATION, CBS, HIP TILE COVERED ROOF, SINGLE HUNG WINDOWS,  |   |
| TWO CAR GARAGE, DESCRIBED AS THREE BEDROOMS AND TWO BATHROOMS WITH 2,143 ADJUSTED SQUARE FEET                                  |   |
| BY PROPERTY APPRAISER  |   |

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C. U. PROCESS NUMBER \_\_\_\_\_

PROPERTY FOLIO NUMBER 30-4921-020-0830

**ZONING**

**1. ZONING CLASSIFICATION**

|   |   |
|---|---|
| Zoning District: RU-TH (USED AS RU-1Z)        | Number of Living Units: ONE (1)                                     |
| Unit(s) Subdivided into other living quarters | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Comments:                                     |   |
| N/A   |   |
| Estimated Cost for Legalization:              | N/A   |

**2. SETBACK REQUIREMENTS (Provide required setbacks for structures)**

|   |   |                             |                              |                  |
|---|---|-----------------------------|------------------------------|------------------|
| Principal Residence Year Built: 1992  |   |                             |                              |                  |
| Required Setbacks:  | Front: 20'                              | Rear: 5'                    | Interior Side: 0' / 5' / 10' | Side Street: N/A |
| Actual Setbacks Provided:   | Front: 22'                              | Rear: 39.28'                | Interior Side: 4'            | Side Street: N/A |
| <b>ACCESSORY STRUCTURES: ( SHED / GAZEBO / CHICKEE HUT / DETACHED BUILDINGS): N/A</b> |   |                             |                              |                  |
| Required Setbacks:  | Front: N/A                              | Rear: N/A                   | Interior Side: N/A           | Side Street: N/A |
| Actual Setbacks Provided:   | Front: N/A                              | Rear: N/A                   | Interior Side: N/A           | Side Street: N/A |
| Does Spacing Between Buildings Meet Code? N/A   | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |                              |                  |
| <b>Swimming pools/spas:</b>   |   |                             |                              |                  |
| Does swimming pool/spa meet setback requirements?                                     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |                              |                  |
| Comments:   |   |                             |                              |                  |
| N/A   |   |                             |                              |                  |
| Estimated Cost for Legalization:  | N/A                                     |                             |                              |                  |

**3. LOT COVERAGE (Single Family and Duplexes Only)**

|   |                              |  |  |
|---|------------------------------|--|--|
| Lot Size: 5,180 SQUARE FEET   |                              |  |  |
| Square Footage of principal residence: 1,398 SQUARE FEET (FOOTPRINT)  |                              |  |  |
| Maximum Lot Coverage Permitted: 50 %                                  |                              |  |  |
| Maximum Lot Coverage Provided: $1,398/5,180 = 27\%$                   |                              |  |  |
| Square footage of accessory structures (exclude pools and slabs): N/A |                              |  |  |
| Do accessory structures exceed rear yard area? N/A                    | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |  |
| Comments:   |                              |  |  |
| N/A   |                              |  |  |
| Estimated Cost for Legalization:                                      | N/A                          |  |  |

**4. FENCES, WALLS AND/OR HEDGES**

|   |                              |  |
|---|------------------------------|--|
| Are there any height restriction violations?        | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| Are there any Sight Safety Triangle violations? N/A | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| Comments:   |                              |  |
| N/A   |                              |  |
| Estimated Cost for Legalization:                    | N/A                          |  |

**5. RESOLUTIONS, VARIANCES AND/OR ADMINISTRATIVE ADJUSTMENTS**

|   |                              |  |
|---|------------------------------|--|
| Are there any existing Resolution(s) or Administrative Adjustments(s)?      | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| If yes; does the property meet all condition(s)?                            | YES <input type="checkbox"/> | NO <input type="checkbox"/>            |
| Comments (Note: resolution numbers of administrative variances/adjustment): |                              |  |
| RESOLUTION 4-ZAB-407-84 FOR ZERO LOT DEVELOPMENT WITH VARIANCES WAS FOUND.  |                              |  |
| 2-239-84  |                              |  |
| Estimated Cost for Legalization:  | N/A                          |  |

C. U. PROCESS NUMBER \_\_\_\_\_

PROPERTY FOLIO NUMBER 30-4921-020-0830

**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 <input checked="" type="checkbox"/>   | No <input type="checkbox"/> |
| If yes is checked, describe:  |                             |
| A PATIO ENCLOSURE WAS FOUND. NO PERMITS OR FINAL INSPECTIONS WERE FOUND.                  |                             |
| THE PROPERTY IS A 4 BEDROOMS TWO BATHROOMS BUT IS DESCRIBED AS 3/2 BY PROPERTY APPRAISER. |                             |
| Estimated Cost to bring into compliance (repair or demolish): \$1,000.00                  |                             |

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 checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |
| 2. Settlement                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |
| 3. Deflection                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |
| 4. Cracking                            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |
| 5. Spalling                            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |
| 6. Termite Infestation                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |
| CERTIFIED INSPECTION WAS NOT PERFORMED |                              |  |   |
| 7. Rotten Wood                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |
| 8. Rusted Steel Members                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |
| 9. Other Unsafe Conditions             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, identify location and cost of repair: |

**3. WINDOWS AND DOORS**

|   |                               |                               |  |
|---|-------------------------------|-------------------------------|--|
| Condition:  | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Repairs Required <input checked="" type="checkbox"/> |
| Comments:   |                               |                               |  |
| SOME CLOSET DOORS MISSING.                        |                               |                               |  |
| Estimated Cost of Repair or Replacement: \$250.00 |                               |                               |  |

**4. ROOF SYSTEM**

|  |   |                             |                          |  |
|--|---|-----------------------------|--------------------------|--|
| 1. Describe roof condition:  |   |                             |                          |  |
| 2. Good  | <input type="checkbox"/>                | Fair                        | <input type="checkbox"/> | Repairs Required <input checked="" type="checkbox"/> |
| 3. Water Leaks   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, indicates where: |  |
| 4. Comments:   |   |                             |                          |  |
| A SMALL LEAK SIGN WAS FOUND IN ONE BEDROOM. A CERTIFIED ROOF CONTRACTOR INSPECTION IS RECOMMENDED. |   |                             |                          |  |
| Estimated Cost of Repair or Replacement: \$200.00 COST MIGHT BE HIGHER                             |   |                             |                          |  |

C. U. PROCESS NUMBER \_\_\_\_\_

PROPERTY FOLIO NUMBER 30-4921-020-0830

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

|  |                               |       |                                     |                  |                                     |
|--|-------------------------------|-------|-------------------------------------|------------------|-------------------------------------|
| 1. Size:                                       | Amperage 150 A                | Fuses | <input type="checkbox"/>            | Breakers         | <input checked="" type="checkbox"/> |
| 2. Condition:                                  | Good <input type="checkbox"/> | Fair  | <input checked="" type="checkbox"/> | Repairs Required | <input type="checkbox"/>            |
| 3. Comments:                                   |                               |       |                                     |                  |                                     |
| GROUND ROD WAS VISIBLE AND PROPERLY CONNECTED. |                               |       |                                     |                  |                                     |
| Estimated Cost of Repair or Replacement: N/A   |                               |       |                                     |                  |                                     |

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

|  |                  |      |                                     |                  |                          |
|--|------------------|------|-------------------------------------|------------------|--------------------------|
| 1. Panel # ( 1 )                             | Location: GARAGE | Good | <input checked="" type="checkbox"/> | Repairs Required | <input type="checkbox"/> |
| 2. Panel # ( )                               | Location:        | Good | <input type="checkbox"/>            | Repairs Required | <input type="checkbox"/> |
| 3. Panel # ( )                               | Location:        | Good | <input type="checkbox"/>            | Repairs Required | <input type="checkbox"/> |
| 4. Comments:                                 |                  |      |                                     |                  |                          |
| PANEL IS IN GOOD CONDITION AND PROPERLY ID.  |                  |      |                                     |                  |                          |
| Estimated Cost of Repair or Replacement: N/A |                  |      |                                     |                  |                          |

**3. BRANCH CIRCUITS / WIRING DEVICES**

|   |      |                                     |                    |                                     |                  |                                     |
|---|------|-------------------------------------|--------------------|-------------------------------------|------------------|-------------------------------------|
| 1. Identified:  | Yes  | <input checked="" type="checkbox"/> | Must be identified | <input type="checkbox"/>            |                  |                                     |
| 2. Conductors:  | Good | <input type="checkbox"/>            | Fair               | <input checked="" type="checkbox"/> | Must be replaced | <input type="checkbox"/>            |
| 3. Wiring Devices:  | Good | <input type="checkbox"/>            | Fair               | <input type="checkbox"/>            | Must be replaced | <input checked="" type="checkbox"/> |
| 4. Comments:  |      |                                     |                    |                                     |                  |                                     |
| GFCI WAS MISSING AT THE GARAGE AND BATHROOM. OUTLET AND SWITCHES COVERS WERE MISSING THROUGHOUT THE PROPERTY.<br>MANY LAMPS WERE MISSING. EXPOSED WIRING. |      |                                     |                    |                                     |                  |                                     |
| Estimated Cost of Repairs or Replacement: \$500.00  |      |                                     |                    |                                     |                  |                                     |

**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 checked="" type="checkbox"/> | Repairs Required | <input type="checkbox"/> |
| Comments:                                    |      |                          |      |                                     |                  |                          |
| N/A  |      |                          |      |                                     |                  |                          |
| Estimated Cost of Repair or Replacement: N/A |      |                          |      |                                     |                  |                          |

**5. SERVICE CONDUITS / RACEWAYS**

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

C. U. PROCESS NUMBER \_\_\_\_\_

PROPERTY FOLIO NUMBER 30-4921-020-0830

### 6. SMOKE DETECTORS

|   |                               |                               |  |
|---|-------------------------------|-------------------------------|--|
| Condition:  | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Repairs Required <input checked="" type="checkbox"/> |
| Comments:   |                               |                               |  |
| SMOKE DETECTORS WERE NOT FOUND IN BEDROOMS        |                               |                               |  |
| Estimated Cost of Repair or Replacement: \$500.00 |                               |                               |  |

### 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 checked="" type="checkbox"/> |
| Comments:  |                               |                               |  |
| POOL PUMP AND FILTER WERE MISSING. CABLES WERE TORN. |                               |                               |  |
| Estimated Cost of Repair or Replacement: \$100.00    |                               |                               |  |

### 8. WIRING OF MECHANICAL EQUIPMENT

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

## PLUMBING & GAS SYSTEMS

### 1. WATER SERVICE (check all that apply)

|  |                               |
|--|-------------------------------|
| <input checked="" type="checkbox"/> City | <input type="checkbox"/> Well |
| Comments: WATER SERVICE WAS AVAILABLE.   |                               |

### 2. METER AND WATER SERVICE CONNECTION

|  |                               |  |   |
|--|-------------------------------|--|---|
| Condition:                                   | Good <input type="checkbox"/> | Fair <input checked="" type="checkbox"/> | Repairs Required <input type="checkbox"/> |
| Comments:                                    |                               |  |   |
| WATER METER WAS NOT VISIBLE                  |                               |  |   |
| Estimated Cost of Repair or Replacement: N/A |                               |  |   |

### 3. SEWER SERVICE

|  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> City | <input type="checkbox"/> Septic Tank: |
| Comments: SEWER SERVICE WAS NOT VISIBLE. |                                       |

### 4. CITY SEWER CONNECTION OR SEPTIC TANK CONNECTION

|  |                               |  |   |
|--|-------------------------------|--|---|
| Condition:                                   | Good <input type="checkbox"/> | Fair <input checked="" type="checkbox"/> | Repairs Required <input type="checkbox"/> |
| Comments:                                    |                               |  |   |
| SEWER CONNECTION WAS NOT VISIBLE             |                               |  |   |
| Estimated Cost of Repair of Replacement: N/A |                               |  |   |

C. U. PROCESS NUMBER \_\_\_\_\_

PROPERTY FOLIO NUMBER 30-4921-020-0830

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

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

**6. PLUMBING FIXTURES**

|  |                               |                               |   |
|--|-------------------------------|-------------------------------|---|
| Kitchen  | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Repair or Replace <input checked="" type="checkbox"/> |
| Bathrooms  | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Repair or Replace <input checked="" type="checkbox"/> |
| Comments:  |                               |                               |   |
| PLUMBING CONECTION TO KITCHEN SINK NEEDS REPAIR. ONE TOILET WAS MISSING IN ONE BATHROOM. |                               |                               |   |
| Estimated Cost of Repair or Replacement:   |                               | \$300.00                      |   |

**7. PLUMBING APPLIANCES**

|  |                               |  |   |
|--|-------------------------------|--|---|
| Kitchen                                  | Good <input type="checkbox"/> | Fair <input type="checkbox"/>            | Repair or Replace <input checked="" type="checkbox"/> |
| Water Heater                             | Good <input type="checkbox"/> | Fair <input checked="" type="checkbox"/> | Repair or Replace <input type="checkbox"/>            |
| Garbage Disposal                         | Good <input type="checkbox"/> | Fair <input checked="" type="checkbox"/> | Repair or Replace <input type="checkbox"/>            |
| Dishwasher                               | Good <input type="checkbox"/> | Fair <input type="checkbox"/>            | Repair or Replace <input checked="" type="checkbox"/> |
| Washer/Dryer                             | Good <input type="checkbox"/> | Fair <input type="checkbox"/>            | Repair or Replace <input checked="" type="checkbox"/> |
| Ice Maker                                | Good <input type="checkbox"/> | Fair <input type="checkbox"/>            | Repair or Replace <input checked="" type="checkbox"/> |
| Comments:                                |                               |  |   |
| MANY APPLIANCES WERE MISSING.            |                               |  |   |
| Estimated Cost of Repair or Replacement: |                               | \$2,000.00                               |   |

**8. LAWN SPRINKLERS**

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

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

|   |                               |                               |  |
|---|-------------------------------|-------------------------------|--|
| <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No   |                               |  |
| If yes  | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Repairs Required <input checked="" type="checkbox"/> |
| Comments:   |                               |                               |  |
| POOL NEEDS TO BE CLEANED UP. WATER PUMP AND FILTER ARE MISSING. PIPES ARE BROKEN. |                               |                               |  |
| Estimated Cost of Repair or Replacement:  |                               | \$1,600.00                    |  |

C. U. PROCESS NUMBER \_\_\_\_\_

PROPERTY FOLIO NUMBER 30-4921-020-0830

**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 checked="" type="checkbox"/> |
| Comments:   |                               |                               |  |
| HVAC WAS MISSING.                                   |                               |                               |  |
| Estimated Cost of Repair or Replacement: \$4,000.00 |                               |                               |  |

|  |                               |  |   |
|--|-------------------------------|--|---|
| Duct work:                                   | Good <input type="checkbox"/> | Fair <input checked="" type="checkbox"/> | Repairs Required <input type="checkbox"/> |
| Comments:                                    |                               |  |   |
| N/A  |                               |  |   |
| Estimated Cost of Repair or Replacement: N/A |                               |  |   |

| <b>GOOD FAITH ESTIMATE BY SECTIONS:</b>                             |                    |
|---|--------------------|
| 1. Estimated Cost of Zoning Legalization                            | \$0.00             |
| 2. Estimated Cost of Structural to bring into compliance            | \$1,450.00         |
| 3. Estimated Cost of Electrical Service Repair or Replacement       | \$1,100.00         |
| 4. Estimated Cost of Plumbing and Gas Systems Repair or Replacement | \$3,900.00         |
| 5. Estimated Cost of Mechanical System Repair or Replacement        | \$4,000.00         |
| <b>TOTAL ESTIMATED COST OF REPAIR / REPLACEMENT/ LEGALIZATION</b>   | <b>\$10,950.00</b> |

INITIALS: RR

DATE: 06/02/2010

\$500.00 OTHER COSTS INCLUDED IN "TOTAL":

THE KITCHEN NEEDS CABINERY WORK.

If digitally signed and sealed, this doc has a secure hash message digest authentication code within its signature. A manually signed and sealed log of this doc's signature is kept on file, therefore according to 471.025 F.S. and 61g15-23.003 F.A.C., this doc is electronically sealed and can be deemed an original doc. Any attempt to change anything on this doc will result in a change in its authentication code thereby removing the electronic signature and voiding the validity of this doc. Additions, changes, deletions, etc are prohibited. If this doc was received electronically, this doc is not valid without a signature and authenticated seal of a Florida Professional Engineer, and is only valid if its Hash matches the authentication on file.

**Disclaimer:**

This inspection does NOT include any destructing test or dismantling. The Engineer/Inspector will NOT inspect for any deficiency on elements or areas, which are not exposed to view, is concealed, is inaccessible, or otherwise difficult to inspect and cannot be visually examined. The Engineer/Inspector is NOT acting or representing himself as a licensee structural engineer, electrical engineer, mechanical engineer or an expert in any craft or trade. The inspection is NOT intended to be technically exhaustive. The inspection is NOT considered to be a guarantee, home warranty or insurance policy of the future life or failure of the items inspected, expressed or implied. Price estimates to repair, legalize or replace any of the inspected items are provided as informative and cannot be considered as final costs. Researches to find construction permits, construction inspections, open permits, open violation cases, citations, liens, resolutions, etc are NOT thorough investigations.

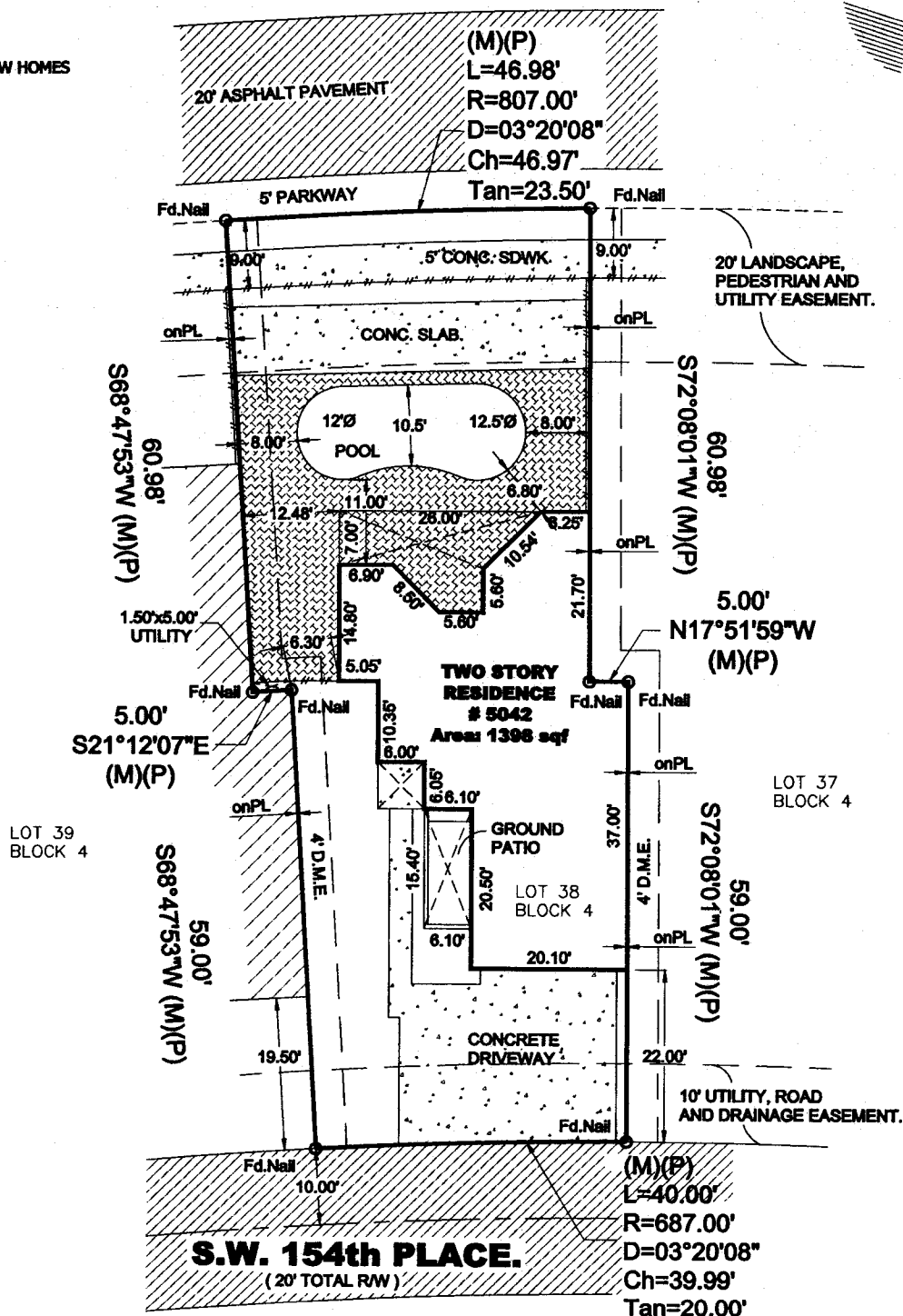
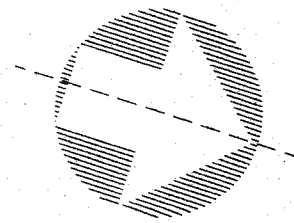


# S I T E P L A N

**ADDRESS:**  
5042 S.W. 154th PLACE  
MIAMI, FLORIDA.

**LEGAL DESCRIPTION:**  
LAKES OF THE MEADOW-MEADOW HOMES  
PB 133-5 LOT 38 BLK 4

**WEST MEADOW LAKE DRIVE.**  
(88' TOTAL RW)



THIS SITE PLAN DEPICTS THE EXISTING CONDITION OF THE PROPERTY

Signed and Sealed by:  
**REINALDO REMEDIOS, P.E. #67772**  
Telephone Number: 305.726.9518  
Date: June 02 / 2010



Digitally signed by  
Reinaldo Remedios  
DN: cn=Reinaldo  
Remedios, o, ou=PE  
67772,  
email=reirem@hotmail.  
com, c=US  
Date: 2010.06.04  
00:19:41 -04'00'

If digitally signed and sealed, this doc has a secure hash message digest authentication code within its signature. A manually signed and sealed log of this doc's signature is kept on file, therefore according to 471.025 F.S. and 61g15-23.003 F.A.C., this doc is electronically sealed and can be deemed an original doc. Any attempt to change anything on this doc will result in a change in its authentication code thereby removing the electronic signature and voiding the validity of this doc. Additions, changes, deletions, etc are prohibited. If this doc was received electronically, this doc is not valid without a signature and authenticated seal of a Florida Professional Engineer, and is only valid if its hash matches the authentication on file.