



Since 1986

AMERICAN BUILDING ENGINEERS® INC.

DESIGN • CONSTRUCTION • INSPECTION

Professional Engineering License # 38553
Threshold Inspection License # 467

State Licensed Roofing Contractor CCC# 045913
State Licensed General Contractor CGC# 044407

November 18th, 2021

Mr. Randy Youse
Chief Building Official
City of Lauderdale Building Department
5581 W Oakland Park Blvd.
Lauderhill, FL 33313
Phone: (954) 730-4239
Email: Ryouse@lauderdale-fl.org

Reference: 40 Year Certification Report for property located:
4821 NW 22nd Ct., Castle Gardens Condominium Building #5, Lauderdale, FL 33313

Dear Mr. Youse,

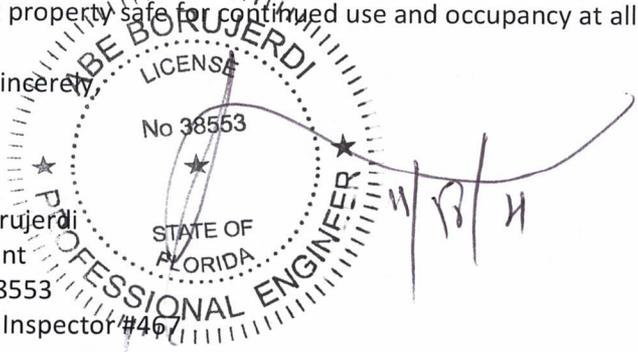
This is a 2 (two) story building with concrete block covered with plaster. The 2nd floor is precast concrete decking. The roof is prefabricated wood trusses, sheathed and covered with flat build up deck.

The building was found to be in overall good condition and is structurally and electrically safe for its use and present occupancy. Accordingly, I am recommending the building certification.

In order to avoid any possible misunderstandings, we wish to specifically advise that nothing in this report should be construed, either directly or indirectly, as a guarantee of condition of any portion of this structure. To the best of our knowledge and ability, this report represents an accurate appraisal of the present conditions of this building, based upon visual examination of observed conditions to the extent reasonably possible. No warranties or representations are intended, nor should any be construed. Furthermore, it is understood by all parties, including property owners, that the recommendation for recertification by American Building Engineers Inc. or the granting of recertification by the Building Department does not release or indemnify the property owner in any way from properly maintaining the subject property safe for continued use and occupancy at all times.

Yours sincerely,

Abe Borujerdi
President
P.E. #38553
Special Inspector #467



STRUCTURAL SAFETY INSPECTION REPORT FORM



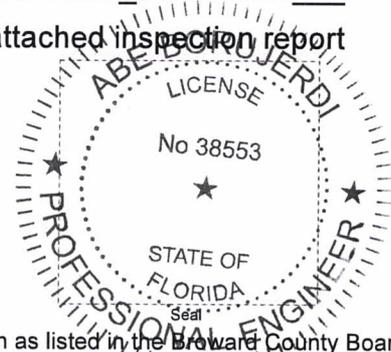
Inspection Firm or Individual Name: American Building Engineers, Inc.
 Address: 1842 Oakland park Blvd., Fort Lauderdale, FL 33306
 Telephone Number: (954)-739-5099

Inspection Commenced Date: 11/17/2021 Inspection Completed Date: 11/17/2021

No Repairs Required Repairs are required as outlined in the attached inspection report

Licensed Professional,
 Engineer/Architect Name: Abe Borujerdi
 License Number: P.E. 38553, #467

I am qualified to practice in the discipline in which I am hereby signing,
 Signature: [Handwritten Signature] Date: 11/18/21



This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals' Policy #05-05. 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

DESCRIPTION OF STRUCTURE		
a. Name on Title:	<u>Castle Gardens Building #5</u>	
b. Street Address:	<u>4821 NW 22nd Ct. Lauderhill, FL 33313</u>	
c. Legal Description:	<u>CASTLE APARTMENTS #5 PER CDO BK/PG: 4670/93</u>	
d. Owner's Name:	<u>Pearson, Charles & Linda</u>	
e. Owner's Mailing Address:	<u>4821 NW 22nd Ct. - Lauderhill, FL 33313</u>	
f. Folio Number of Property on which Building is Located:	<u>4941-25-BH-0010</u>	
g. Building Code Occupancy Classification:	<u>R</u>	
h. Present Use:	<u>Condominium 32 Units</u>	
i. General Description, Type of Construction:	<u>V</u> Square Footage: <u>N/A</u>	Number of Stories: <u>2</u>
j. Special Features:	<p>This is a 2 (two) story building with concrete block covered with plaster. The 2nd floor is precast concrete decking. The roof is prefabricated wood trusses, sheathed and covered with flat build up deck.</p>	
k. Additional Comments:	<p>No property permit history was either made available or reviewed for the purposes of this report. Areas inspected were those made available by property owner/representative on the day of inspection. All gas lines, meters and appliances and equipment are specifically excluded for the purposes of this report, however, we urge the property owner to take any and all necessary precautions to assure that these items are properly maintained to the protect the property and above all life safety</p>	

I. Additions to original structure:

None

2. PRESENT CONDITION OF STRUCTURE

a. General alignment (Note: good, fair, poor, explain if significant):

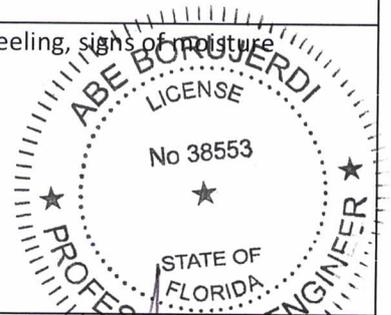
- | | |
|-----------------|----------------|
| 1. Bulging: | Fair condition |
| 2. Settlement: | Fair condition |
| 3. Deflections: | Fair condition |
| 4. Expansion: | Fair condition |
| 5. Contraction: | Fair condition |

b. Portion showing distress (Note, beams, columns, structural walls, floor, roofs, other):

None visible

c. Surface conditions – describe general conditions of finishes, noting cracking, spalling, peeling, signs of moisture penetration and stains:

Plaster on exterior walls - Fair condition



d. Cracks – note location in significant members. Identify crack size as HAIRLINE if barely discernible; FINELINE if less than 1 mm in width; MEDIUM if between 1 and 2 mm width; WIDE if over 2 m

None Visible

11/18/21

e. General extent of deterioration – cracking or spalling of concrete or masonry, oxidation of metals; rot or borer attack in wood:

None visible

f. Previous patching or repairs:

Yes, on plaster walls

g. Nature of present loading indicate residential, commercial, other estimate magnitude:

Residential: building

3. INSPECTIONS

a. Date of notice of required inspection: 11/17/2021

b. Date(s) of actual inspection: 11/17/2021

c. Name and qualifications of individual submitting report: Mr. Abe Borujerdi, P.E.

d. Description of laboratory or other formal testing, if required, rather than manual or visual procedures:

Visual Inspection

e. Structural repair-note appropriate line:

1. None required: None required

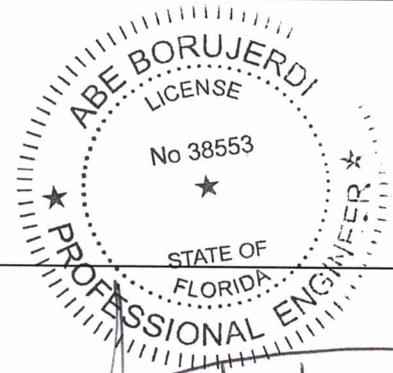
2. Required (describe and indicate acceptance):

4. SUPPORTING DATA

a. _____ 0 _____ sheet written data

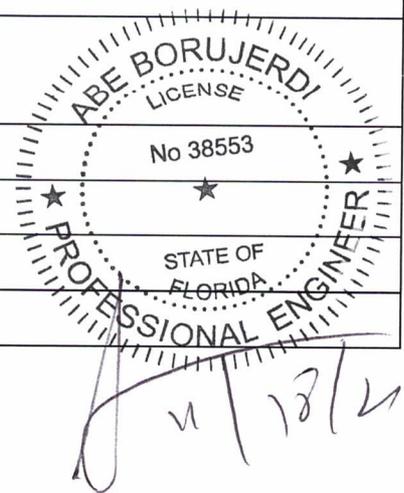
b. _____ 0 _____ photographs

c. _____ 0 _____ drawings or sketches



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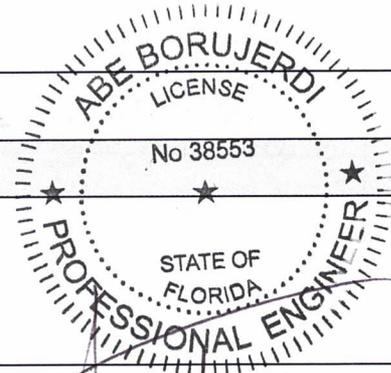
5. MASONRY BEARING WALL = Indicate good, fair, poor on appropriate lines:	
a. Concrete masonry units:	Fair condition
b. Clay tile or terra cotta units:	None
c. Reinforced concrete tie columns:	Fair condition
d. Reinforced concrete tie beams:	Fair Condition
e. Lintel:	None
f. Other type bond beams:	None
g. Masonry finishes -exterior:	
1. Stucco:	Fair Condition
2. Veneer:	None
3. Paint only:	Good Condition
4. Other (describe):	None
h. Masonry finishes - interior:	
1. Vapor barrier:	None
2. Furring and plaster:	Fair Condition
3. Paneling:	None
4. Paint only:	Fair Condition
5. Other (describe):	None
i. Cracks:	
1. Location – note beams, columns, other:	None Detected
2. Description:	
j. Spalling:	
1. Location – note beams, columns, other:	None Detected
2. Description:	
k. Rebar corrosion-check appropriate line:	
1. None visible:	None Detected
2. Minor-patching will suffice:	None
3. Significant-but patching will suffice:	None



4. Significant-structural repairs required: None
I. Samples chipped out for examination in spall areas:
1. No: X
2. Yes – describe color, texture, aggregate, general quality:

6. FLOOR AND ROOF SYSTEM
a. Roof:
1. Describe (flat, slope, type roofing, type roof deck, condition): Flat built up roof approx. +/- 2/3 years old (Fair Condition) Metal roofing on mansard roof approx. +/- 40 years old (Fair Condition)
2. Note water tanks, cooling towers, air conditioning equipment, signs, other heavy equipment and condition of support: A/C Equipment Fair Condition
3. Note types of drains and scuppers and condition: Slope to East & West. Drainage in Fair Condition
b. Floor system(s):
1. Describe (type of system framing, material, spans, condition): 1st Floor: Concrete slab- Fair Condition 2nd Floor: Precast concrete deck Roof Fair Condition Deck: Prefabricated wood trusses Fair Condition NO crawl spaces under the building Fair Condition
c. Inspection – note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members: Attic access

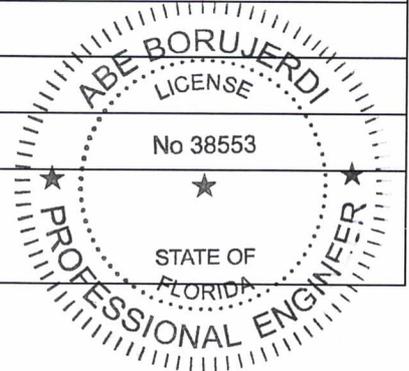
7. STEEL FRAMING SYSTEM
a. Description: None



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 11/18/24

9. WINDOWS	
a. Type (Wood, steel, aluminum, jalousie, single hung, double hung, casement, awning, pivoted, fixed, other): Wood, Fixed class, Slider, Awning (Non impact)	Fair Condition
b. Anchorage- type and condition of fasteners and latches:	Fair Condition
c. Sealant – type of condition of perimeter sealant and at mullions:	Fair Condition
d. Interiors seals – type and condition at operable vents:	Fair Condition
e. General condition:	

10. WOOD FRAMING	
a. Type – fully describe if mill construction, light construction, major spans, trusses: Major spans	
b. Note metal fitting i.e., angles, plates, bolts, split pintles, other, and note condition:	Fair Condition
c. Joints – note if well fitted and still closed:	Fair Condition
d. Drainage – note accumulations of moisture:	Fair Condition
e. Ventilation – note any concealed spaces not ventilated:	Fair Condition
f. Note any concealed spaces opened for inspection:	Attic Access



Additional Comments:

It is the owner's responsibility to continuously verify, correct, repair and maintain all components of this building, whether included in this limited inspection report or not, to assure building is safe for continued use and occupancy.

This report is not a Buyers' Report, Due Diligence, Insurance Inspection, Mitigation Document or for any other purpose other than to be prepared and submitted to the Building Official solely in accordance and with the purpose of compliance, any other use is strictly prohibited and voids all content. This report must bear the original signature and embossed seal on each page or it is void of all contents. This report is not transferable to any party. Copying, faxing and/or any alteration of this report is strictly prohibited and voids all content. Both Building Structural and Electrical Reports must be attached and accompanied by a cover letter to the building official. As routine matter, in order to avoid possible misunderstandings, nothing on this report should be construed directly or indirectly as a guarantee for any portion of the structure(s). We rely on the validity of documentation provided by owner for repairs/alterations/ corrections. No property/permit history was either made available or reviewed for purposes of this report. No testing is part of this inspection, only visual observations were conducted of areas and components as made accessible by property owner. Any repairs/ alterations/modifications must be in compliance with FBC, NEC and all applicable codes and ordinances. If any violations or open permits exist all must be corrected prior to granting of Re-Certification. Further, it is understood by all parties that regardless of the content of this report, by submitting this report to the Building Department, property owner is not exempt, released or indemnified from any responsibility and liability to continuously verify, correct, repair and maintain all components of this building safe for continued use and occupancy whether included in this limited inspection or not.

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11/18/14

ELECTRICAL SAFETY INSPECTION REPORT FORM



Inspection Firm or Individual Name: American Building Engineers, Inc

Address: 1842 E. Oakland Park Blvd., Fort Lauderdale, FL 33306

Telephone Number: (954) 739-5099

Inspection Commenced Date: 11/17/2021

Inspection Completed Date: 11/17/2021

No Repairs Required Repairs are required as outlined in the attached inspection report

Licensed Professional,

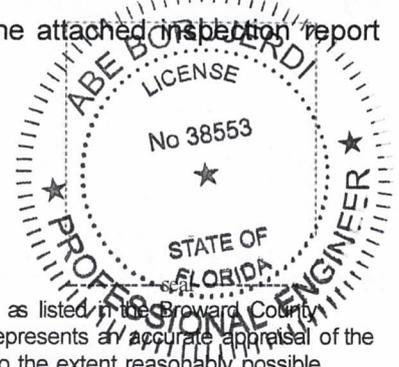
Engineer/Architect Name: Abe Borujerdi

License Number: P.E. 38553, #467

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

Signature: _____

Date: 11/18/21



This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals' Policy #05-05. To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the electrical system, based upon careful evaluation of observed conditions, to the extent reasonably possible

DESCRIPTION OF STRUCTURE

- a Name on Title: **Castle Gardens Building #5**
- b Street Address: **4821 NW 22nd Ct. Lauderdale, FL 33313**
- c Legal Description: **CASTLE APARTMENTS #5 PER CDO BK/PG: 4670/93**
- d Owner's Name: **Pearson, Charles & Linda**
- e Owner's Mailing Address: **4821 NW 22nd Ct. - Lauderdale, FL 33313**
- f Folio Number of Property on which Building is Located: **4941-25-BH-0010**
- g Building Code Occupancy Classification: **R**
- h Present Use: **Condominium 32 Units**
- i General Description, Type of Construction: **V** Square Footage: **N/A** Number of Stories: **2**
- j Special Features:

This is a 2 (two) story building with concrete block covered with plaster. The 2nd floor is precast concrete decking. The roof is prefabricated wood trusses, sheathed and covered with flat build up deck.

k Additional Comments:

No property permit history was either made available or reviewed for the purposes of this report. Areas inspected were those made available by property owner/representative on the day of inspection. All gas lines, meters and appliances and equipment are specifically excluded for the purposes of this report, however, we urge the property owner to take any and all necessary precautions to assure that these items are properly maintained to the protect the property and above all life safety

**MINIMUM GUIDELINES AND INFORMATION FOR RECERTIFICATION OF ELECTRICAL
SYSTEMS OF FORTY (40) YEAR STRUCTURES**

1. ELECTRIC SERVICE

1. Size : Amperage 600/200/200 Amps Fuses Breakers X
2. Phase: Three Phase X Single Phase Needs Repair
3. Condition : Good Fair X

Comments :

2. METER AND ELECTRIC ROOM

1. Clearances: Good Fair X Requires Correction

Comments:

3. GUTTERS

Location : Good X Requires Repair
Taps and Fill Good X Requires Repair

Comments :



6. GROUNDING SERVICE:

Good X

Repairs Required

Comments:

7. GROUNDING OF EQUIPMENT:

Good X

Repairs Required

Comments:

8. SERVICE CONDUITS/RACEWAYS:

Good X

Repairs Required

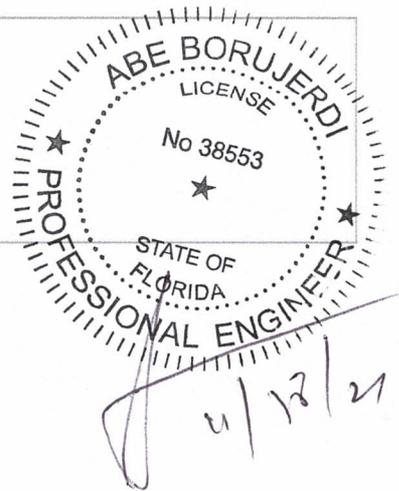
Comments:

9. SERVICE CONDUCTOR AND CABLES:

Good X

Repairs Required

Comments:



10. TYPES OF WIRING METHODS:

Conduit Raceways:	Good	X	Repairs Required
Conduit PVC:	Good		Repairs Required
NM Cable:	Good	X	Repairs Required
BX Cable:	Good		Repairs Required

11. FEEDER CONDUCTORS:

Good X Repairs Required

Comments:

12. EMERGENCY LIGHTING:

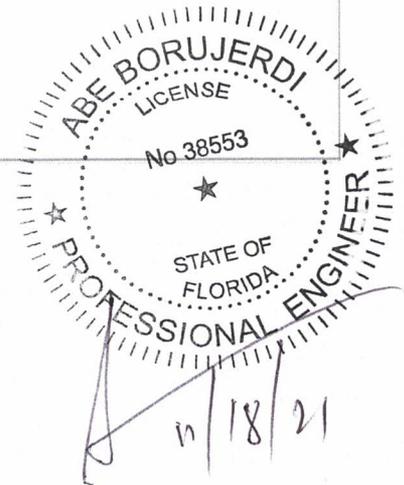
Good X Repairs Required

Comments:

13. BUILDING EGRESS ILLUMINATION:

Good X Repairs Required

Comments:



14. FIRE ALARM SYSTEM:

Good

Repairs Required

Comments:

None Installed

15. SMOKE DETECTORS:

Good X

Repairs Required

Comments:

16. EXIT LIGHTS:

Good X

Repairs Required

Comments:

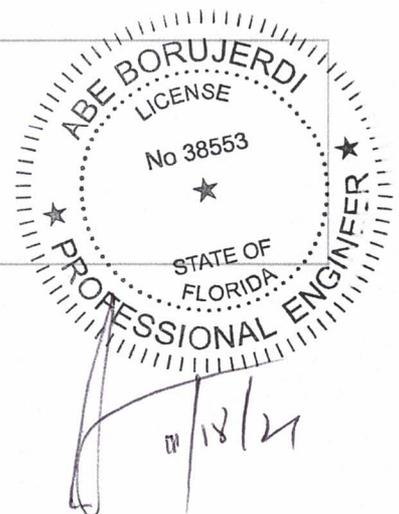
17. EMERGENCY GENERATOR:

Good

Repairs Required

Comments:

None installed



18. WIRING IN OPEN OR UNDER COVER PARKING GARAGE AREAS:

Good X

Repairs Required

Comments:

19. OPEN OR UNDERCOVER PARKING GARAGE AREAS AND EGRESS ILLUMINATION:

Good X

Repairs Required

Comments:

20. SWIMMING POOL WIRING:

Good

Repairs Required

Comments

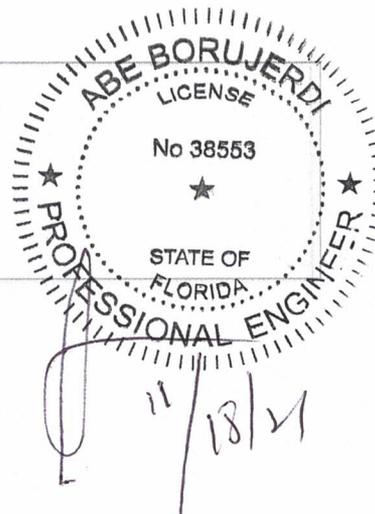
None Installed

21. WIRING TO MECHANICAL EQUIPMENT:

Good X

Repairs Required

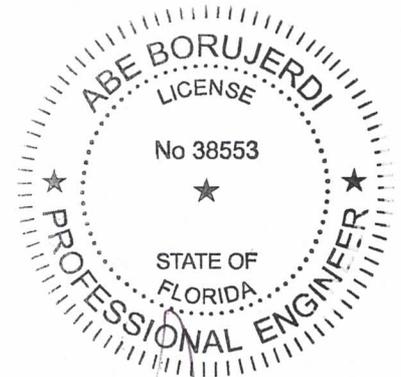
Comments:



22. ADDITIONAL COMMENTS:

It is the owner's responsibility to continuously verify, correct, repair and maintain all components of this building, whether included in this limited inspection report or not, to assure building is safe for continued use and occupancy.

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n/ 12/21