

# Florida Technical, Inc.

CONSULTING ENGINEERS

TAMPA - KEY WEST

January 15, 2024

Michael Rada, Building Official  
City of Pompano Beach, Building Department  
100 West Atlantic Blvd, Room 360  
Pompano Beach, Florida 33060

**Re: ROYAL POINCIANA CONDOMINIUMS – BLDG 5  
BUILDING SAFETY INSPECTION / RE-CERTIFICATION  
1231 SW 46<sup>TH</sup> AVE  
POMPAÑO BEACH, FL**

**Project Number: 23-65000517**

Dear Mr. Rada:

A Building Recertification Inspection was completed on the above referenced buildings on November 13, 2023.

Deferred maintenance was observed and noted to the property representative.. The required maintenance is noted in the attached.

The roof was inspected from adjacent structures. Airspace restrictions prevented use of an unmanned drone. In addition, access to the roof was granted. The existing concrete tile roof is serviceable with an estimated 5 plus years useful life remaining.

Building electrical systems including egress illumination, unit smoke detectors and fire alarm systems were inspected. Deferred maintenance was noted to the property representative. No electrical issues requiring immediate repair were noted.

A copy of the field inspection report is attached. **Structural deferred maintenance noted as B, C and/or D type cracks/spalling requires attention.** However, the observations noted do NOT currently pose an imminent life safety threat nor prohibit the use and occupancy of the structure.

The **MINIMUM INSPECTION PROCEDURAL GUIDELINE FOR BUILDING STRUCTURAL/ELECTRICAL RECERFTIFICATION** is attached.

Pompano Beach Building Dept.  
January 15, 2024  
Page two

**Therefore, it is my professional engineering opinion the existing multi-family residential structure, referenced above, as last inspected on November 13, 2023, is structurally and electrically safe for its use and present occupancy.**

As a routine matter, in order to avoid possible misunderstanding, nothing in this report should be construed directly or indirectly as a guarantee for any portion of the structure. To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the building based upon careful evaluation of observed conditions, to the extent reasonably possible.

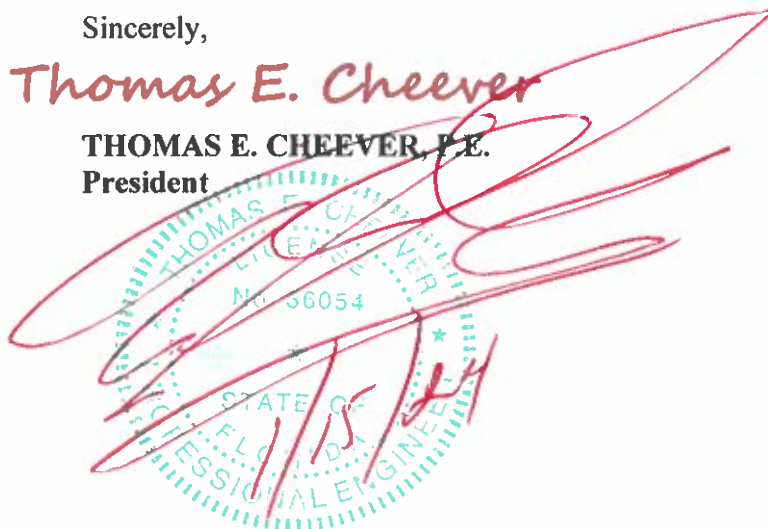
If you have any questions, please don't hesitate to call.

Sincerely,

*Thomas E. Cheever*

**THOMAS E. CHEEVER, P.E.**  
**President**

Attachments



# ROYAL POINCIANA

## Building # 5 (1231)

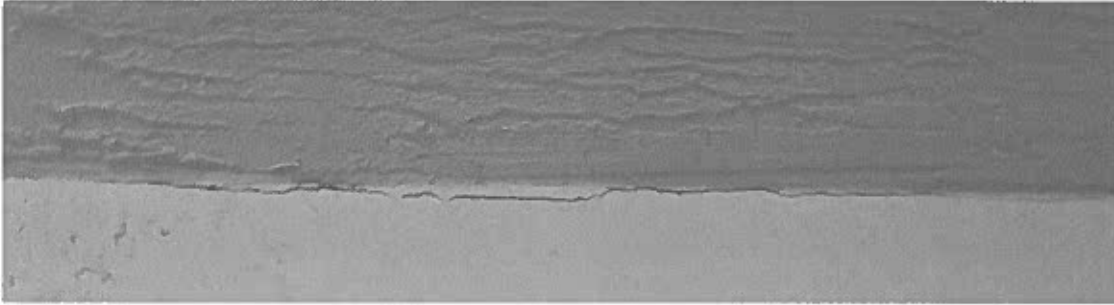
### 501-

Electrical Panel-Ok. GFCI-N/A. Smoke detector-Not working. Balcony-Concrete.

### 502-

Electrical Panel-Ok. GFCI-N/A. Smoke detector-Not working. Balcony-Tile.

**Note:** "A" crack on the right wall of the balcony.



### 503-

Electrical Panel-Ok. GFCI-N/A. Smoke detector-Ok. Balcony-Tile.

### 504-

Electrical Panel-Ok. GFCI-Ok. Smoke detector-Not working. Balcony-Concrete.

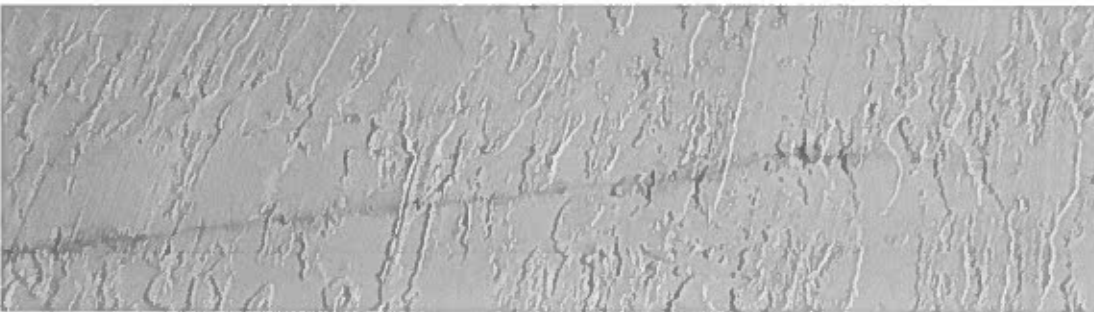
### 505-

Electrical Panel-Ok. GFCI-N/A. Smoke detector-Missing. Balcony-Tile.

### 506-

Electrical Panel-Ok. GFCI-N/A. Smoke detector-Ok. Balcony-Carpet.

**Note:** "A" crack on the balcony ceiling.



**507-**

Electrical Panel-N/A. GFCI-N/A. Smoke detector-Not working. Balcony-No access.

**Note:** Possible termites in wooden ceiling.



**508-**

Electrical Panel-Ok. GFCI-Ok. Smoke detector-Ok. Balcony-Concrete. Note: "A/B" crack on the right wall of the balcony. "A" crack on left wall of the balcony



**509-**

Electrical Panel-Ok. GFCI-N/A. Smoke detector-Ok. Balcony-Tile.

**510-**

Electrical Panel-Ok. GFCI-Ok. Smoke detector-Ok. Balcony-Concrete.

**Note:** "A/B" crack on the right wall of the balcony. "A" crack on the ceiling of the balcony.



**511-**

Electrical Panel-Ok. GFCI-Ok. Smoke detector-Not working. Balcony-Concrete.

**512-**

Electrical Panel-Ok. GFCI-Ok. Smoke detector-Ok. Balcony-Tile. Note: "A" line on ceiling.

**513-**

Electrical Panel-Ok. GFCI-N/A. Smoke detector-Missing. Balcony-Concrete.

**514-**

Electrical Panel-Ok. GFCI-Ok. Smoke detector-Not working. Balcony-Brick.  
**Note:** "A" crack on the balcony ceiling. "A" crack on the right/left wall of the balcony .

**515-**

Electrical Panel-Ok. GFCI-Ok. Smoke detector-Not working. Balcony-Concrete.

**516-**

Electrical Panel-N/A. GFCI-Ok. Smoke detector-Not working. Balcony-Concrete.



### Roof:

Drone inspection was not available due to the airspace nearby. The roof was recently replaced. No visible damage from the ground.



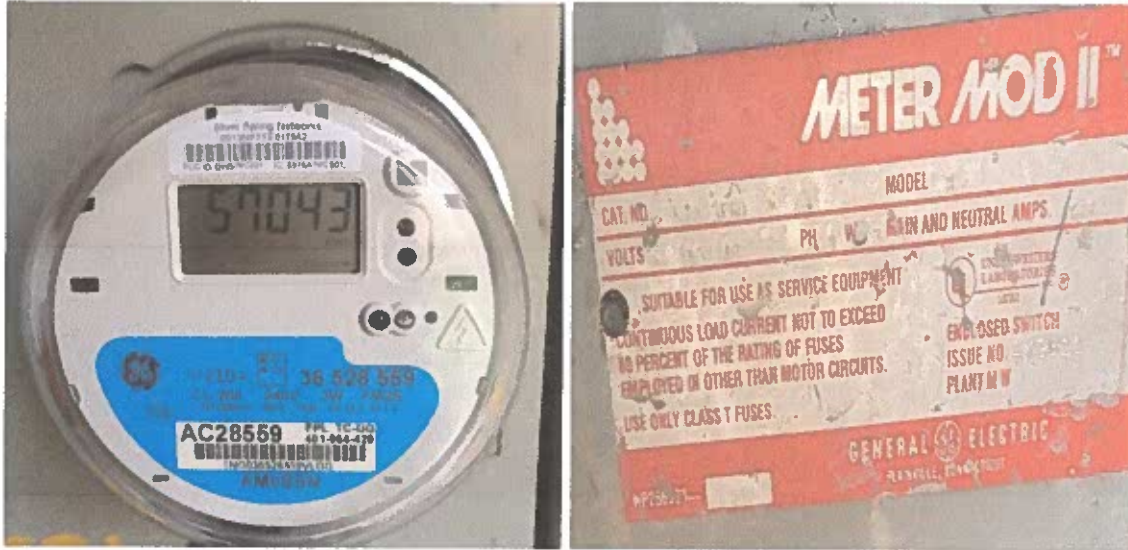
### Exterior:

“A/B” crack on the second floor exterior ledge.

**Note:** "A" crack on the right/left wall of the balcony.

**Fire: "RF"**

**Electrical Room:**



**Roof:**

Drone inspection was not available due to the airspace nearby. The roof was recently replaced. No visible damage from the ground.



**Exterior:**

Wood piece wedged under the stairs.



"B" crack on the exterior ledge. No rebar exposed. Rust stains are visible



## STRUCTURAL SAFETY INSPECTION REPORT FORM

Inspection Firm or Individual Name: **FLORIDA TECHNICAL, INC**Address: **114 W DAVIS BLVD, TAMPA, FL 33606**Telephone Number: **813-765-0264**Inspection Commenced Date: **NOV 13, 2023**Inspection Completed Date: **NOV 17, 2023**

No Repairs Required



Repairs are Required as Outlined in the Attached Inspection Report

Florida Licensed Professional:



Engineer



Architect

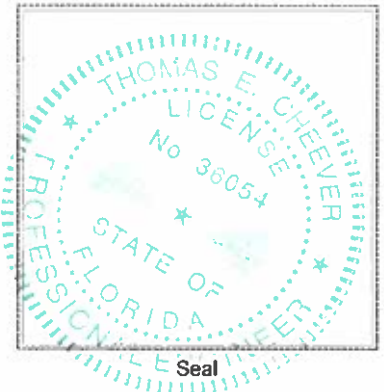
Name: **THOMAS E. CHEEVER, P.E.**License Number: **PE #36054**

Threshold Building – Certified Special Inspector

Yes



No



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

Signature:  Date: **JAN 15, 2024**

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.

**1. DESCRIPTION OF STRUCTURE**a. Name on Title: **ROYAL POINCIANA CONDOMINIUMS**b. Street Address: **1231 SW 46TH AVE, POMPANO BEACH, FL**

c. Legal Description:

d. Owner's Name: **ROYAL POINCIANA CONDO ASSOCIATION, INC.**e. Owner's Mailing Address: **C/O Vania DaSilva, LCAM, 1275 SW 46th Avenue Pompano Beach, FL 33069**f. Email Address: **vania@royalpcondo.com**Contact Number: **954-917-5033**

g. Folio Number of Property on which building is located:

h. Building Code Occupancy Classification: **R-3**i. Present Use: **MULTIFAMILY RESIDENTIAL**j. General Description: **CONDOS**Type of Construction: **V**k. Square Footage: **13,008**Number of Stories: **2**l. Is this a Threshold Building (per F.S. 553.71): **NO**

Yes



No

m. Special Features:

NONE

n. Describe any Additions to the Original Structure:

NONE

o. Additional Comments:

NONE

**2. PRESENT CONDITION OF STRUCTURE**

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

1. Bulging:

☒

Good

☐

Fair

☐

Poor

☐

Significant (Explain):

2. Settlement:

☒

Good

☐

Fair

☐

Poor

☐

Significant (Explain):

3. Deflections:

☒

Good

☐

Fair

☐

Poor

☐

Significant (Explain):

4. Expansion:

☒

Good

☐

Fair

☐

Poor

☐

Significant (Explain):

5. Contraction:

☒

Good

☐

Fair

☐

Poor

☐

Significant (Explain):

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

**NONE NOTED**

c. Surface Conditions – Describe General Conditions of Finishes, (Noting Cracking, Spalling, Peeling, Signs of Moisture Penetration, and Strains):

**STUCCO FINISH, 'A' TYPE DRYING CRACKS,**

d. Cracks – Note the Location of Significant Members. Identify crack size as HAIRLINE if barely discernible; FINE if less than 1mm in width; MEDIUM if between 1mm and 2mm in width; WIDE if over 2mm:

**SEE ATTACHED**

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

**NOTHING OBSERVED THAT REQUIRES IMMEDIATE ATTENTION. REGULAR MAINTENANCE ONLY**

f. Note Previous Patching or Repairs:

**SEE ATTACHED**

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

**RESIDENTIAL**

### 3. INSPECTIONS

a. Date of Notice of Required Inspection **SEPTEMBER 15, 2023**

b. Date(s) of Actual Inspection: **NOVEMBER 13-17, 2023**

c. Name and Qualifications of the Individual Preparing Report:  
**THOMAS E. CHEEVER, P.E.**  
**PROFESSIONAL ENGINEER #36054**

d. Description of Laboratory or Other Formal Testing, if required, rather than Manual or Visual Procedures:  
**NONE**

e. Structural Repairs:  
**NONE REQUIRED**

f. Has the Property Record been Researched for any Current Code Violations or Unsafe Structure Cases?

☐

Yes

☒

No

Explanation/Comments:

**OWNER STATED NO OPEN CODE VIOLATIONS EXIST**

#### 4. SUPPORTING DATA ATTACHED

a. Sheets of Written Data: **6 SHEETS**

b. Photographs:

c. Drawings or Sketches:

d. Test Reports:

#### 5. FOUNDATION

a. Describe Building Foundation:  
**CONCRETE SLAB ON GRADE**

b. Describe any Cracks or Separation in the Walls, Columns or Beams that Signal Differential Settlement:  
**SEE ATTACHED**

c. Is there Additional Sub-Soil Investigation Required?

☐

Yes

☒

No

1. If yes, explain:

#### 6. MASONRY BEARING WALL – Indicate Good, Fair or Poor on Appropriate Lines

a. Concrete Masonry Units:

☒

Good

☐

Fair

☐

Poor

b. Clay Tile or Cotta Units:

☐

Good

☐

Fair

☐

Poor

c. Reinforced Concrete Tie Columns:

☒

Good

☐

Fair

☐

Poor

d. Reinforced Concrete Tie Beams:

☒

Good

☐

Fair

☐

Poor

e. Lintel:

☒

Good

☐

Fair

☐

Poor

f. Other Type Bond Beams:

☒

Good

☐

Fair

☐

Poor

g. Masonry Finishes – Exterior:

1. Stucco:

☒

Good

☐

Fair

☐

Poor

2. Veneer:

☐

Good

☐

Fair

☐

Poor

3. Paint Only:

☐

Good

☐

Fair

☐

Poor

4. Other:

☐

Good

☐

Fair

☐

Poor

4a. Explain:

h. Cracks – Describe Beams, Columns, or Others, Including Locations:

SEE ATTACHED

i. Spalling – Describe Beams, Columns, or Others, Including Locations:

NONE OBSERVED

j. Rebar Corrosion – Check Appropriate Line:

- |    |                                     |   |
|----|-------------------------------------|---|
| 1. | <input type="checkbox"/>            | None Visible                              |
| 2. | <input checked="" type="checkbox"/> | Minor – Patching Will Suffice             |
| 3. | <input type="checkbox"/>            | Significant – Patching Will Suffice       |
| 4. | <input type="checkbox"/>            | Significant – Structural Repairs Required |

4a. Describe:

MINOR MAINTENANCE IS REQUIRED. SEE ATTACHED

k. Were Samples Chipped Out for Examination in Spalled Areas?

- |    |                                     |  |
|----|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | No   |
| 2. | <input type="checkbox"/>            | Yes – Describe Color, Texture, Aggregate, and General Quality: |

**7. FLOOR AND ROOF SYSTEM****a. Roof: CONCRETE TILE**

1. Describe the Type and Condition of the Current Roof:

**CONCRETE TILE ROOF OVER PRE-ENGINEERED WOOD TRUSSES**

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

**NONE**

3. Note Types of Drains, Scuppers, and Condition:

**HIP ROOF, SHEET DRAIN OFF ROOF SIDES TO GUTTERS & DOWN SPOUTS**

4. Describe Parapet Construction and Current Condition:

**NONE**

5. Describe Mansard Construction and Current Condition:

**NONE**

6. Describe any Roofing Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection:  
**NONE OBSERVED**

7. Note any Expansion Joint and Condition:  
**NONE**

**b. Floor System(s):**

1. Describe Type of System Framing, Material, Spans, and Condition:  
**CONCRETE OVER WOOD FRAMING**

2. Balconies – Indicate Location, Framing System, Material, and Condition:  
**CONCRETE**

3. Stairs and Escalators – Indicate Location, Framing System, Material, and Condition:  
**CONCRETE**

4. Ramps – Indicate Location, Framing System, Material, and Condition:  
**NONE OBSERVED**

5. Guardrails – Indicate Type, Location, Material and Condition:

**CONCRETE STAIRS WITH ALUMINUM GUARDRAILS - GOOD 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.

**NONE**

## **8. STEEL FRAMING SYSTEM**

a. Full Description of the System:

b. Exposed Steel – Describe the Condition of the 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

- a. Full Description of the Structural System:  
CMU CONSTRUCTION WITH CAST PILASTERS & BEAMS

- b. Cracking:

1. ☐ Significant ☒ Not Significant

2. Description of Members Affected, Location, and Type of Cracking:

- c. General Condition:  
GOOD

## d. Rebar Corrosion – Check Appropriate Line:

1. ☒ None Visible
2. ☐ Location and Description of Members Affected and Type Cracking
3. ☐ Significant – Patching Will Suffice
4. ☐ Significant – Structural Repairs Required (Describe):

## 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 with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection. Provide Location(s):

NONE

**10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS**

## a. Windows, Storefronts, and Curtainwalls:

ALUMINUM SINGLE HUNG WINDOWS.

## b. Structural Glazing on the Exterior Envelope of the Threshold Building:

☐

Yes

☒

No

## 1. Previous Inspection Date: \_\_\_\_\_

2. Description of Curtainwall Structural Glazing and Adhesive Sealant:

NONE

3. Describe the Condition of System:

N/A

c. Exterior Doors:

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

WOOD

2. Anchorage Type and Condition of Fasteners and Latches:

TAP-CON TYPE SCREWS

3. Sealant Type and Condition of Sealant:

LATEX CAULK

4. General Condition:

GOOD

5. Describe Repairs Needed:

NONE

**11. WOOD FRAMING**

a. Type – Fully Describe Mill Construction, Light Construction, Major Spans, and Trusses:

**PRE-ENGINEERED WOOD TRUSSES - GOOD CONDITION**

b. Indicate the Condition of the Following:

1. Walls:

2. Floors:

3. Roof Member, Roof Trusses:

**NO DEFLECTION OBSERVED, GOOD CONDITION**

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

**NOT OBSERVED**

d. Joints – Note if Well Fitted and Still Closed:

**NOT OBSERVED**

e. Drainage – Note Accumulations of Moisture:

**NO EVIDENCE OF PONDING OBSERVED**

f. Ventilation – Note any Concealed Spaces not Ventilated:

**NONE**

g. Note any Concealed Spaces Opened for Inspection:

**NONE**

h. Identify any Wood Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection:

**NONE**

## **12. BUILDING FAÇADE INSPECTION (Threshold Building)**

a. Identify and Describe the Exterior Walls and Appurtenances on All Sides of the Building (Cladding Type, Corbels, Precast Appliques, etc.):

**STUCCO FINISH OVER CONCRETE BLOCK**

b. Identify the Attachment Type of each Appurtenance Type (Mechanically Attached or Adhered):

**NONE**

- 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):

GOOD

### 13. SPECIAL OR UNUSUAL FEATURES IN THE BUILDING

- a. Identify and Describe any Special or Unusual Features (i.e., Cable Suspended Structure, Tensile Fabric Roof, Large Sculpture, Chimney, Porte-Cochere, Retaining Wall, Seawall, etc.):

NONE

- b. Indicate the Condition of Special Feature, its Supports, and Connections:

N/A

## ELECTRICAL SAFETY INSPECTION REPORT FORM

Inspection Firm or Individual Name: **FLORIDA TECHNICAL, INC**Address: **114 W DAVIS BLVD, TAMPA, FL 33606**Telephone Number: **813-765-0264**Inspection Commenced Date: **NOV 13 2023**Inspection Completed Date: **NOV 17, 2023**

No Repairs Required



Repairs are Required as Outlined in the Attached Inspection Report

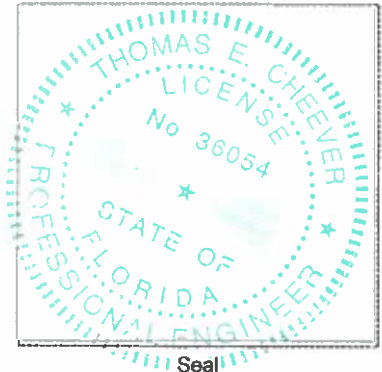
Florida Licensed Professional:



Engineer



Architect

Name: **THOMAS E. CHEEVER, P.E.**License Number: **PE #36054**

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

Signature:

Date:

**JAN 15, 2024**

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.

**1. DESCRIPTION OF STRUCTURE**

- |   |   |                                     |
|---|---|-------------------------------------|
| a. Name on Title:   | <b>ROYAL POINCIANA CONDOMINIUMS</b>   |                                     |
| b. Street Address:  | <b>1231 SW 46TH AVE, POMPANO BEACH, FL</b>                                  |                                     |
| c. Legal Description:                                     |   |                                     |
| d. Owner's Name:  | <b>ROYAL POINCIANA CONDO ASSOCIATION, INC.</b>                              |                                     |
| e. Owner's Mailing Address:                               | <b>C/O Vania DaSilva, LCAM, 1275 SW 46th Avenue Pompano Beach, FL 33069</b> |                                     |
| f. Email Address:   | <b>vania@royalpcondo.com</b>  | Contact Number: <b>954-917-5033</b> |
| g. Folio Number of Property on which Building is Located: |   |                                     |
| h. Building Code Occupancy Classification:                | <b>R-3</b>  |                                     |
| i. Present Use:   | <b>MULTIFAMILY RESIDENTIAL</b>  |                                     |
| j. General Description:                                   | <b>CONDOS</b>   | Type of Construction: <b>V</b>      |
| k. Square Footage:  | <b>13,008</b>   | Number of Stories: <b>2</b>         |

l. Special Features:

NONE

m. Additional Comments:

N/A

**2. INSPECTIONS**a. Date of Notice of Required Inspection: **SEPTEMBER 15, 2023**b. Date(s) of Actual Inspection: **NOVEMBER 13-17, 2023**

c. Name and Qualifications of Individual Preparing Report:

**THOMAS E. CHEEVER, P.E.****PE#36054**

d. Are any Electrical Repairs Required?

1.



No – None Required

2.

☐

Yes – Required (Describe Nature of Repairs):

**\*\*\* NOTE: Provide photographs as necessary to reflect relevant conditions and index appropriately. \*\*\*****3. ELECTRIC SERVICE**a. Size: Voltage ( 120/240 ); Amperage ( 800 );b. Main Service Protection ( 800 Amps): ☐ Fuse ☒ Breaker

c. Service Rating Amperage ( 800 Amps):

d. Phase: ☐ Three Phase ☐ Single Phase

e. Condition: ☐ Good ☐ Needs Repairs

Describe the Nature of Repairs:

800 AMP 120/240 SINGLE PHASE MAINS - NO REPAIRS REQUIRED

#### 4. SERVICE EQUIPMENT

a. Clearances: ☒ Good ☐ Requires Repair

Describe the Nature of Repairs:

NONE

#### 5. ELECTRIC ROOMS

a. Clearances: ☒ Good ☐ Requires Repair

Describe the Nature of Repairs:

NONE

**6. GUTTERS, WIREWAYS, ETC.**

a. Location:



Good



Requires Repair

Describe the Nature of Repairs:

NONE

b. Taps and Box Fill:



Good



Requires Repair

Describe the Nature of Repairs:

NONE

**7. ELECTRICAL SWITCHGEAR**

a. Panel #

( HOUSE )



Good



Needs Repairs

b. Panel #

( UNIT METERS )



Good



Needs Repairs

c. Panel #

( )



Good



Needs Repairs

d. Panel #

( )



Good



Needs Repairs

e. Panel #

( )



Good



Needs Repairs

Describe the Nature of Repairs:

NO REPAIRS REQUIRED

**8. BRANCH CIRCUITS**

a. Identified:



Yes

Must Be Identified

b. Conductors:



Good

Deteriorated



Must Be Replaced

Describe the Nature of Repairs:

NONE

**9. GROUNDING OF SERVICE**

Good



Repairs Required

Comments:

**10. GROUNDING OF EQUIPMENT**

Good



Repairs Required

Comments:

**11. SERVICE CONDUITS/RACEWAYS**

Good



Repairs Required

Comments:

**12. SERVICE CONDUCTOR AND CABLES**

Good



Repairs Required

Comments:

**13. GENERAL CONDUIT/RACEWAYS**

Good



Repairs Required

Comments:

14. FEEDER CONDUCTORS



Good



Repairs Required

Comments:

15. BUSWAYS

a. Location:



Good



Repairs Required

Describe the Nature of Repairs:

NOT APPLICABLE

16. OTHER CONDUCTORS



Good



Repairs Required

Comments:

NOT APPLICABLE

17. EMERGENCY LIGHTING



Good



Repairs Required

Comments:

18. BUILDING EGRESS ILLUMINATION



Good



Repairs Required

Comments:

19. FIRE ALARM SYSTEM



Good



Repairs Required

Comments:

NON-MONITORED

20. SMOKE DETECTORS



Good



Repairs Required

Comments:

21. EXIT LIGHTS



Good



Repairs Required

Comments:

**22. EMERGENCY POWER SYSTEMS**☐

Good

☐

Repairs Required

Comments:

**NOT APPLICABLE****23. WIRING AND CONDUIT AT ALL PARKING LOTS AND GARAGES**☐

Good

☐

Repairs Required

Comments:

**NOT APPLICABLE****24. SWIMMING POOL WIRING**☐

Good

☐

Repairs Required

Comments:

**NOT APPLICABLE****25. WIRING TO MECHANICAL EQUIPMENT**☒

Good

☐

Repairs Required

Comments: