SUBJECT: EMERGENCY & MISCELLANEOUS INSPECTION POLICY

AUTHORITY: Section 110 - Palm Beach County Amendments to the Florida Building Code Chapter 1 Administration

PURPOSE: The purpose of this PPM is to identify emergency & miscellaneous inspections, which the Building Division is called on to perform, from time to time. Additionally, it is designed to establish a procedure for conducting the inspections so identified.

POLICY: The Field Inspection Section of the Building Division may make the following inspections which are not directly associated with the issuance of a construction permit.

> Emergency Inspections
  - Fire Assessment
  - Structural Evaluation

> Miscellaneous Inspections
  - Pre-inspections
  - Code Compliance Assistance
  - Special Investigation
  - General Inspection
  - Adult Entertainment

PROCEDURE: All requests for such inspections shall be directed to the Field Inspection Section for appropriate action, except for Adult Entertainment inspection, which shall be processed in accordance with PPM# PBO-029. The procedure for requesting and conducting Emergency & Miscellaneous Inspections shall be as outlined below:

> Emergency Inspections
  → Notification received from Emergency Operation Center, Palm Beach County Fire Rescue, Code Enforcement Division or other governmental agencies, shall be processed as follows:
Upon notification by one of the above stated agencies, Field Inspection personnel shall notify a Field Inspection Supervisor, or in their absence, notify Deputy Building Official.

- The Supervisor shall determine whether to make an immediate Assessment Inspection, or whether to refer it to the Code Enforcement Division.
- Should an Assessment Inspection be deemed necessary, the applicable Chief Inspector shall schedule an inspection. An Inspection Report Form (Form# 015 – PBO-011) shall be completed by the Inspector at the site. Should it be determined an eminent danger exists, the inspector shall report to his supervisor for possible posting as an unsafe structure as outlined in Section 116 Chapter 1 Administration of the FBC.
- Once the report has been reviewed by a Field Inspection Supervisor, a notice of any violation shall be sent to the owner, and copies to Code Enforcement Division.
- The Field Inspection Section shall maintain a separate file on each of these inspection categories.

> Miscellaneous Inspections

- Request for Miscellaneous Inspection by individuals or governmental agencies shall be processed as follows:
  - Fire Assessment Inspections requested by individuals as a pre-condition of permit (Section 110 Chapter 1 Administration of the Florida Building Code) shall be processed in accordance with the Miscellaneous Inspection procedure outlined further in this policy.
  - Individuals requesting a Miscellaneous Inspection shall, with the assistance of Field Inspection personnel, complete a General Inspection Request (Form# 014-PBO-011). In addition, the applicant shall be assessed the Minimum Inspection Fee, as prescribed by the Construction Permit Fee Schedule.
  - Field Inspection personnel shall verify when the applicant wants the inspection scheduled. Field Inspection personnel shall schedule the inspection and forward the request to the appropriate Chief Inspector.
  - An Inspection Report (Form# 015 – PBO-011) shall be completed by the Inspector at the site. Should it be determined an eminent danger exists, the inspector shall notify his Chief Inspector and the procedure outlined in section 116 Chapter 1 Administration of the FBC shall be followed.
  - Once the report has been reviewed by the appropriate Field Inspection Supervisor, he/she shall notify the person requesting the inspection or the owner of any violation, and copies shall be sent to Code Enforcement Division and Building Permit Technicians.
• Field Inspection Section shall maintain a separate file on each of these inspection categories.

**Supersession History:**

1. PPM# PBO-033, issued 12/16/87
2. PPM# PBO-033, effective 01/01/88
3. PPM# PBO-033, issued 03/13/89
4. PPM# PBO-033, issued 04/25/12

[Signature]

Director
GENERAL INSPECTION

☐ Electrical ☐ Mechanical ☐ Plumbing
☐ Structural ☐ Other

REASON FOR INSPECTION: ____________________________

THE UNDERSIGNED HEREBY APPLIED FOR AN INSPECTION OF STRUCTURE.

NAME OF APPLICANT: ____________________________ DATE: ____________________________

ADDRESS: ___________________________________________ ZIP: ____________________________

PHONE NUMBER: __________________ Email: ____________________________

PROPERTY OWNER’S NAME IF OTHER THAN APPLICANT: ____________________________

ADDRESS OF INSPECTION: ____________________________

TYPE OF STRUCTURE: ____________________________

NOTE TO INSPECTOR: ____________________________

_________________________ Signature of Applicant

OFFICE USE ONLY

INSPECTION AREA: ________

DAY: _______ DATE: _______ INSPECTOR: _______ RESULT: _______

DAY: _______ DATE: _______ INSPECTOR: _______ RESULT: _______

RELEASED: ____________________________ METERS: __________

FOR INSPECTION RESULTS, YOU CAN EITHER GO ONLINE AT:
pbcgov.com/pzb/building OR CALL 561.233.5170 FOR RESULTS.
Palm Beach County Building Division
Planning, Zoning, and Building Department

INSPECTION REPORT FORM

Applicant Name ___________________________ Phone ____________
Address ________________________________
City __________________________ State ____________ Zip __________

SUBJECT PROPERTY ADDRESS _________________________________________
Permit Number if applicable ___________________________________________

Inspection is requested for:

☐ FIRE  ☐ WATER  ☐ VEHICULAR  ☐ OTHER

Type of building, structure or service system (facility):
Suspected use of building: ____________________________________________
Approximate building square footage: _________________________________

Structural
Floor:
Concrete __________________ Finish ____________
Wood __________________ Finish ____________

Walls:
CBS __________________ Finish ____________
Exterior wood __________________ Finish ____________
Interior wall __________________ Finish ____________
Remarks ________________________________________________

Roof:
Framing _________________________________________________________
Sheathing _______________________________________________________
Finish _________________________________________________________
Remarks _______________________________________________________

Plumbing:
Rough _________________________________________________________
Fixture Conditions ______________________________________________
Remarks _______________________________________________________

Electrical:
Rough _________________________________________________________
Fixture Conditions ______________________________________________
Remarks _______________________________________________________

(over)
Report No ________________

Mechanical:

Rough ____________________________________________

Remarks ____________________________________________

Please circle YES and NO

• Is the facility open and accessible: YES NO
• Were you able to gain access? YES NO
• Is the facility safe: YES NO
• Is the facility fit for its intended use? YES NO
• If NO to either question above, complete the following:
  • Can reasonable repairs be made to abate the unsafe facility? YES NO
  • Is the facility an imminent threat to human Life? YES NO
    (If yes, contact your supervisor immediately)

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PERMITS REQUIRED and PERCENTAGE OF DAMAGE:

____ Structural ____ % of damage  ____ Electrical ____ % of damage

____ Plumbing ____ % of damage  ____ Mechanical ____ % of damage

I hereby state that the information contained in this report is accurate, based on my personal visual inspection made on _________________________________.

________________________________  ____________________________  ____________
Inspector Name (Print)           Signature                      Date

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PBO-011-Revised PPM and Form 04/25/12
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