



CITY OF PANAMA CITY BEACH

Building and Planning Department

MILESTONE INSPECTION REPORT SUBMITTAL FORM

This form shall be completed and accompany each submittal of any Milestone Inspection Report.

Property Information

Association Name: _____

Physical Address: _____ Zip Code: _____

Primary Parcel ID(s) of property: _____

Number of buildings with 3 or more stories: _____

Date of Certificate of Occupancy: _____

Type of Management: Condominium Association Cooperative Association Mixed Management / Other

If mixed or other type of management - Please describe the management of the community / complex.

Milestone Inspection Report Information

Milestone Inspection Company: _____

Report Preparer: _____ Architect Engineer

Type of Milestone Inspection: Phase ONE Phase TWO Phase TWO report required? YES NO

Management Contact Information

Contact Name: _____ Position: _____

Business Telephone Number: _____ Cellular: _____

Business Address: _____ Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Email Address(es): _____

The report processing fee is owed at time of inspection report submittal.

Email address for electronic invoice for online payment: _____

Milestone Inspection Fee: Phase 1: \$250 Phase 2: \$500

Submitted by: _____

Phone Number: _____

Date: _____

Email Address: _____