

**CERTIFICATE OF APPROPRIATENESS
APPLICATION**
CITY OF CORAL GABLES - HISTORICAL RESOURCES AND CULTURAL ARTS DEPARTMENT

1. 1316 Alhambra Circle
 Building Address Historic name of building (if any) District Name (if any)

CORAL GABLES SEC E PB 8-13 LOT 9 & 10 BLK 15

Legal Description: Lot(s) _____ Block(s) _____ Section _____

Owner's Name _____ Street Address _____ Zip Code _____ Phone No. _____
 (Required) e-mail: etimberlake@me.com

Applicant's Name _____ Street Address _____ Zip Code _____ Phone/Fax _____
 (Required) e-mail: permits@aspsuperhome.com

Contractor/Arch./Engineer's Name _____ Street Address _____ Zip Code _____ Phone/Fax _____
 (Required) e-mail: permits@aspsuperhome.com

2. PLEASE INDICATE THE CATEGORY WHICH DESCRIBES THE PROPOSED WORK:

<input type="checkbox"/> Minor Alterations	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Other: <u>Front door replacement</u>		

3. Will the work proposed require a variance from the Zoning Code?
 NO YES, from section(s) _____
Attach the requested variance language to this form

4. Has this property been qualified as a Coral Gables Cottage? NO YES (attach a copy of qualification sheet)

5. This request is: new result of a violation a revision to a previous submittal a revision to a previously approved COA
 Case File: _____ Case File: _____

6. WORK PROPOSED: Brief narrative of work to be performed.
Replacing front entry with wood grain aluminum door. Original door continues to suffer from hardware damage and cost for repairs continue to increase. Proposing front entry replacement with impact HVHZ aluminum woodgrain door.

7. **Variance requests require a processing fee. Payment must be included with the application. Please make check payable to the City of Coral Gables. Applications for ad valorem tax relief must be filed on a separate application form prior to construction.**

8. The following supplementary information (where applicable) shall be provided:*

<input type="checkbox"/> Site Plan (with dimensions) Before/After	<input type="checkbox"/> Floor Plan(s) (with dimensions) Before/After	<input checked="" type="checkbox"/> Elevations(s) (with dimensions) Before/After	<input type="checkbox"/> Mailing list & 3 sets of labels VARIANCES/DEMOLITIONS
<input checked="" type="checkbox"/> Photos Labeled 2 per page	<input type="checkbox"/> Survey (5 yrs or younger) Board review (1 Orig + 16 copies) Non-Board (1 original)	<input type="checkbox"/> Color/Material Sample Board review (16 swatches) Non-Board review (1 set)	<input type="checkbox"/> Letter of Intent Board review (16 copies) Non-Board review (1 copy)
<input type="checkbox"/> Copy of Board of Architects Comments/Recommendations	<input type="checkbox"/> CD/USB with electronic copies of submittal items	<input type="checkbox"/> Fee variance or violations only	<input type="checkbox"/> Reduced Plans 11x17 Board review 2 sign/seal + 14 reg. Non-Board review (1 set)
			<input type="checkbox"/> PowerPoint <input type="checkbox"/> Other on CD/USB

- Application will not be scheduled for a hearing unless received in completed form by the established due date (subject to staff review).
- Applications will be accepted only when a completed application form is submitted together with the necessary supplemental materials.
- All drawings & supporting information must be collated into the correct number of packets and clearly labeled.
- Applicant or his/her representative **MUST** attend hearing and present his/her proposal to the Board.
- Board of Architects recommendation **MUST** be obtained prior to the submission of any Certificate of Appropriateness application.
- The Historic Preservation Board will act on completed applications only. Decisions made by the Board may be appealed to the City Commission no later than **10 days** after the ruling is made. If there is no appeal or Commission action, the Historic Preservation Board decision shall be final.

9. I, Elizabeth Timberlake, as Owner of Lot(s) 9 & 10
 (Print Owner's Name)

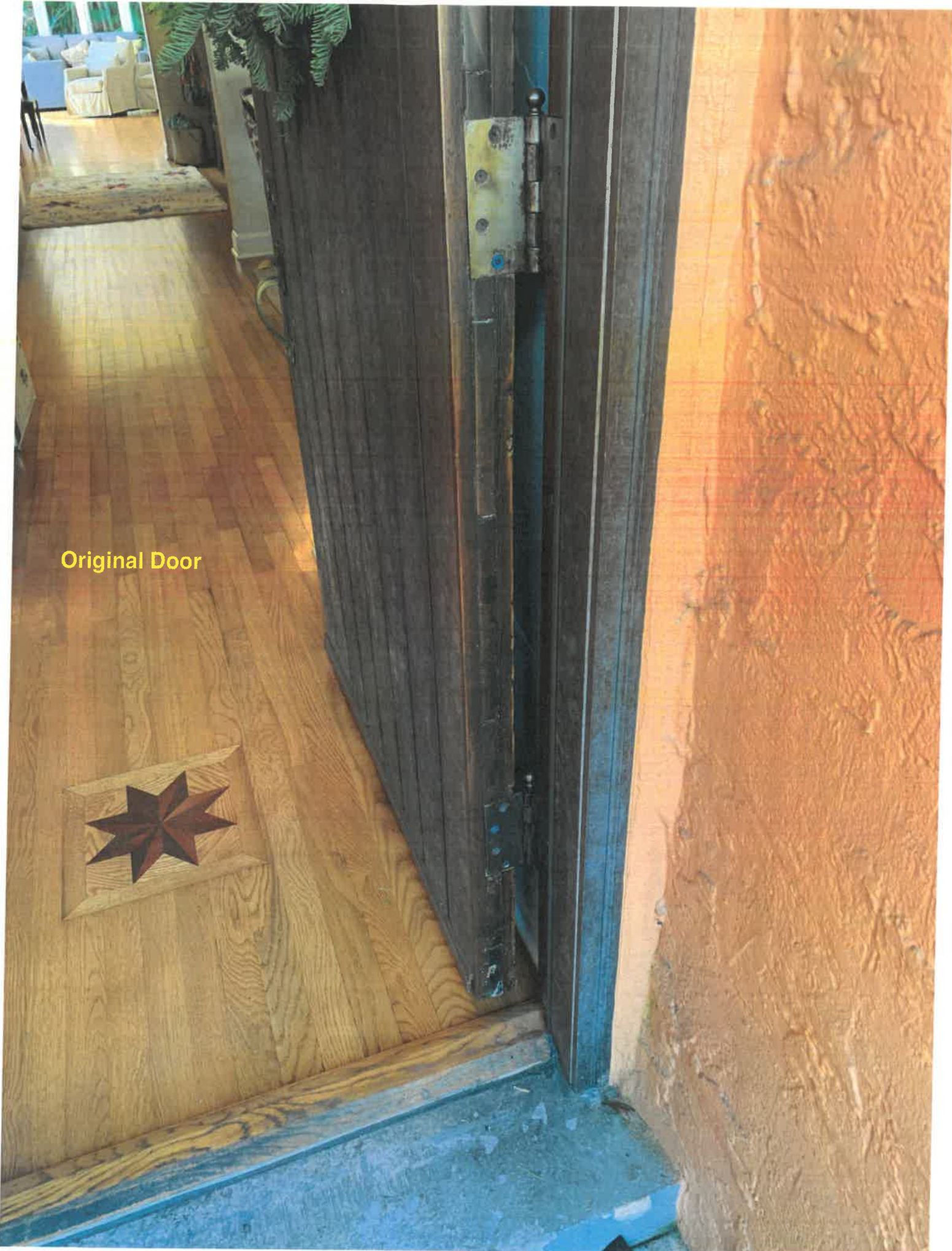
Block(s) 15, Section CORAL GABLES SEC E do hereby authorize the
 filing of this application. ETimberlake 1/4/2024
 (Owner's Signature) (Date)

My signature affirms and certifies that I/we understand and will comply with the provisions and regulations of the City of Coral Gables Historic Preservation Ordinance as amended from time to time. It further certifies that any statements made in the application, documents attached to the application, and plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that the application, attachments and fees become part of the Official Records of the Historical Resources and Cultural Arts Department and are not returnable. The above signed consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this application and/or presentation to the Historic Preservation Board. Applicants seeking approval of alterations, demolitions and/or new construction acknowledge that the City may erect signs on the subject property, which state the proposed action and the date of the Historic Preservation Board meeting.

STAFF USE ONLY

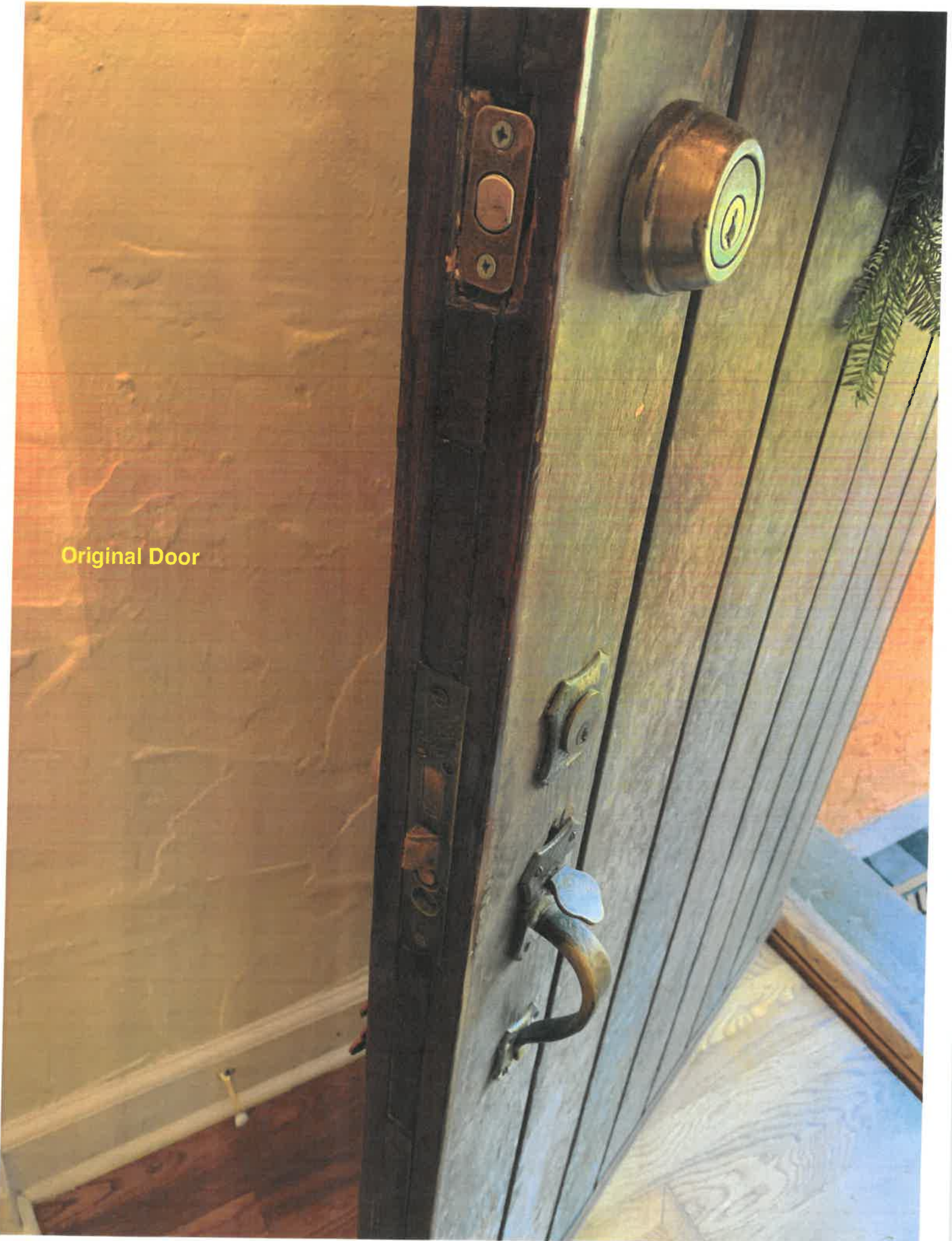
	DATE RECEIVED: _____	CITY OF CORAL GABLES HISTORICAL RESOURCES & CULTURAL ARTS DEPARTMENT 2327 SALZEDO STREET, 2 ND FLOOR CORAL GABLES, FLORIDA 33134 Phone: (305) 460-5093 Fax: (305) 460-5097 e-mail: HIST@coralgables.com
	CASE FILE: _____	
	POTENTIAL HPB MEETING: _____	

* A drawing set must include a site plan, floor plan(s), and elevations of all facades with sufficient dimensions to conduct a preliminary Zoning Analysis. The purpose of the preliminary Zoning Analysis is to identify possible variances and is not intended to replace any review required as part of the permitting process. The drawings must illustrate the existing conditions and the proposed changes separately. Contextual drawings or photographs of the neighboring properties must also be included. The Department staff may request additional drawings and documents as needed. Requests for Special Certificates of Appropriateness for demolition and/or that require variance(s) must include a certified mailing list, a map, and three sets of mailing labels (1000-foot radius) and the required fee. * It is the responsibility of the applicant to provide sufficient illustrations to convey the intended scope of work.

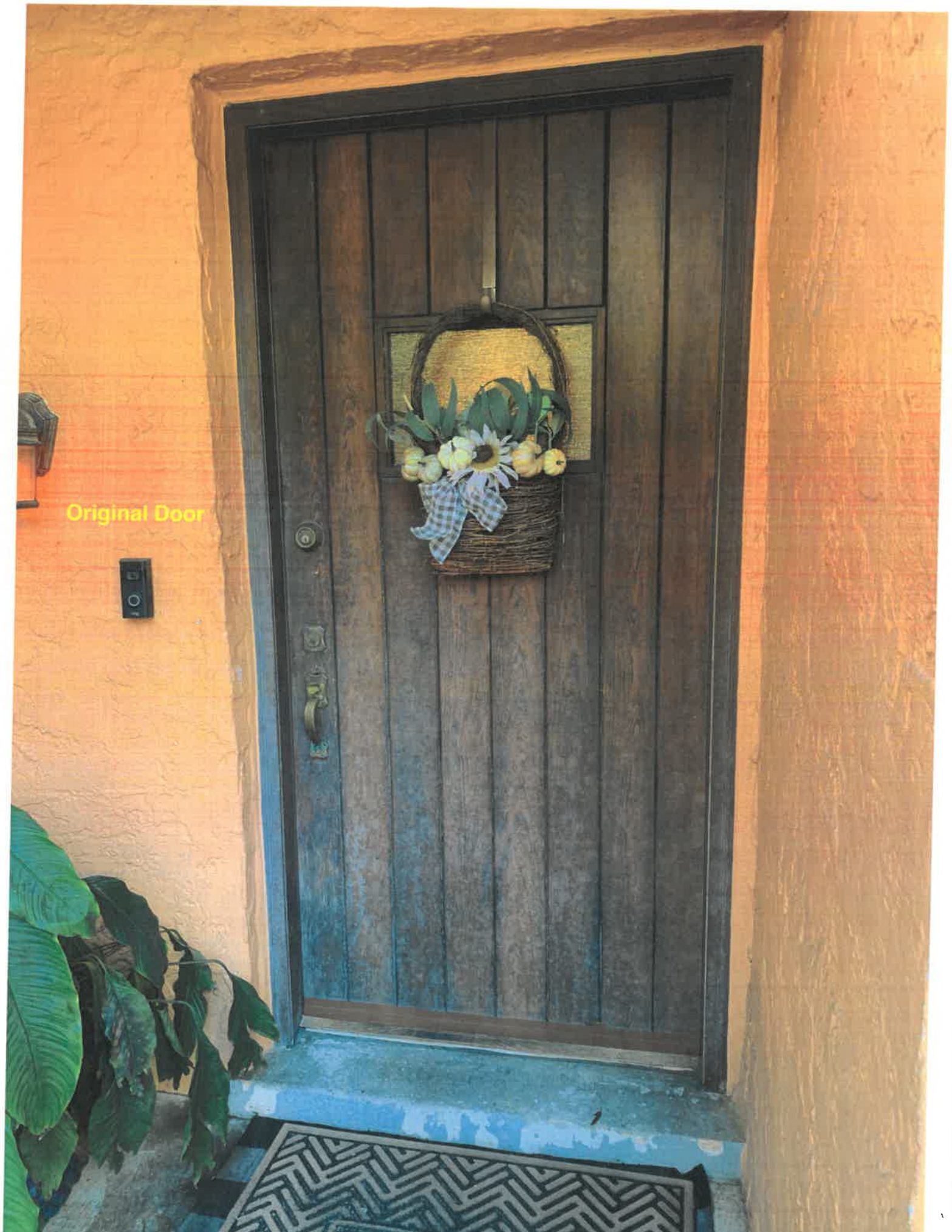


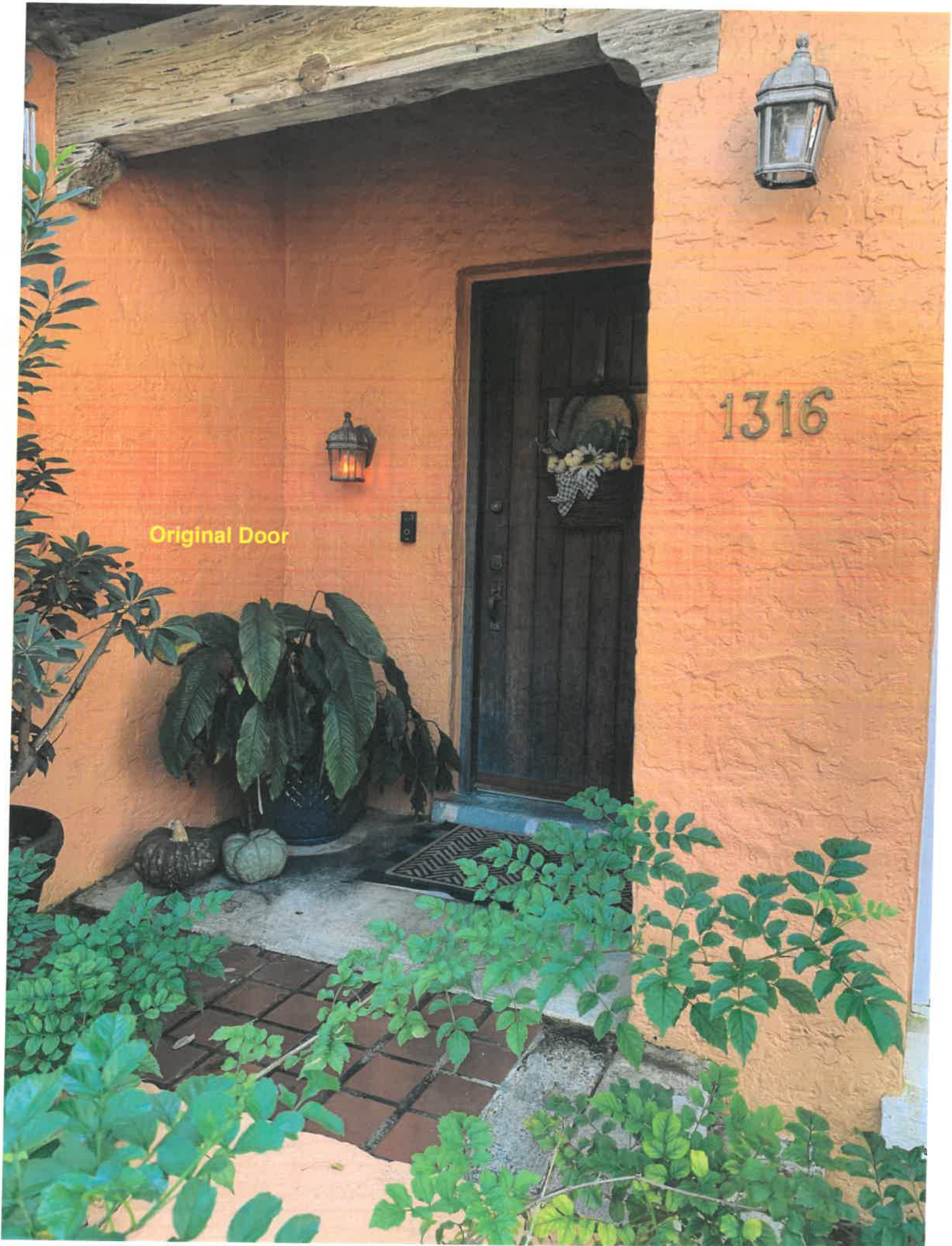
Original Door

Original Door



Original Door





Original Door

1316

Shutters Depot, LLC
 1776 W 41 Street
 Hialeah, FL 33012 US
 (305) 822-3575
 shuttersdepot2006@gmail.com
 http://www.shutters-depot.com



Proposal

ADDRESS

Elizabeth Timberlake
 1316 Alhambra Circle
 Coral Gables, Fl 33134

PROPOSAL # 18216
DATE 01/04/2024

ACTIVITY	QTY	RATE	AMOUNT
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Sales - Performance 1 Opening(s) covered by Performance II accordion shutters with installation.	1	725.00	725.00
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Color: WHITE - IVORY - BEIGE - BRONZE
 (PLEASE SELECT)
 NOTES: THIS PRICE DOES NOT INCLUDES CITY PERMIT-
 WE DO NOT PULL CITY PERMIT IN CORAL GABLES

DOOR WILL NOT BE FUNCTIONAL WHEN YOU INSTALL THIS PANELS- IT WILL HAVE A REMOVAL TRACK ON THE BOTTOM -ONCE TRACK IS INSTALL THE DOOR WILL NOT OPEN.

Payment Terms:
 40% Due Upon Acceptance.
 40% at Job Completion.
 20% due once Final Inspection passes.

TOTAL \$725.00

Accepted By

Accepted Date

If either party commences an action against the other to enforce any of the terms hereof or because of the breach by either party, the defaulting party will pay reasonable attorneys fees and expenses incurred in connection with the prosecution and defense of such action, including at all appellate levels and bankruptcy. This paragraph shall survive Closing or termination of this Agreement.

Proposed

TK COUNTRY

LINEA ROSSA

