

**MIAMI-DADE COUNTY  
HISTORIC PRESERVATION AD-VALOREM TAX EXEMPTION**

**PART 2 – REQUEST FOR REVIEW OF COMPLETED WORK**

**INSTRUCTIONS:**

Upon completion of the restoration, rehabilitation, or renovation, return this form *with photographs of the completed work (both exterior and interior views of the building)* to the County's Office of Historic Preservation (OHP).

Each photograph must be clearly labeled, and they should be the same views as the before photographs that were included in the Preconstruction Application.

If there are conditions included as part of the Final Recommendation from the local Historic Preservation Officer, the application will not be considered complete until all conditions have been met and acknowledged by the local Preservation Officer.

**I. Property identification and location:**

Property Name: \_\_\_\_\_

Folio Number: 03-4108-001-4040

Street Address: 717 N. GREENWAY DRIVE, CORAL GABLES, FL 33134

**II. Data on restoration, rehabilitation or renovation project:**

Project start date: 9/20/2020

Project completion date: 12 / 4 / 2024

Cost of entire project: \$2,000,000.00

Estimated costs attributed to work on historic buildings: \$2,000,000.00

Name of architect: LUIS J VARELMI Phone: 305-648-2006

Name of Contractor: FXD CONSTRUCTION Phone: 305-401-9098

**Owner attestation:** I hereby apply for the historic preservation property tax exemption for the restoration, rehabilitation or renovation work described above and in the Preconstruction Application for this project which received approval on 1/7/2021.

I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed project conforms to the Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and is consistent with the work described in the Preconstruction Application. I also attest that I am the owner of the property described above or, if the property is not owned by an individual, that I am the duly authorized representative of the owner. Further, by submission of this application, I agree to allow access to the property by representatives of the County Historic Preservation Office and the Office of the Property Appraiser, for the purpose of verification of information provided in this application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with Miami-Dade County granting the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption. I also understand that falsification of factual representations in this application is subject to criminal sanctions pursuant to the Laws of Florida.

KATHY-ANN MARLIN

Print Name

Kurall

Signature

12/13/24

Date

*Complete the following, if signing for an organization.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Name of Organization \_\_\_\_\_

Taxpayer Identification Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

*Multiple owners must provide the same information as above. Use additional sheets if necessary.*