

LOCATION SKETCH

SCALE: NTS



JOB No. 21-071160 CLIENT: MARIO ROSARIO AND SURAI A ROSARIO
PROPERTY ADDRESS 1160 LUGO AVE CORAL GABLES, FL 33156-6327
LEGAL DESCRIPTION: (FURNISHED BY CLIENT)
LOT 2, BLOCK 3
SUBDIVISION CORAL BAY SEC B

ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 65 AT PAGE 115
OF THE PUBLIC RECORDS OF MIAMI-DADE COUNTY, FLORIDA.
SUBJECT TO ALL RESTRICTIONS, RESERVATIONS, EASEMENTS AND RIGHT-OF-WAY OF RECORD, UNDERGROUND
ENCROACHMENTS IF ANY, NOT LOCATED.

SURVEYOR'S NOTES:

- 1-) IF SHOWN, BEARINGS AND ANGLES ARE REFERRED TO SAID PLAT IN LEGAL DESCRIPTION.
- 2-) THE RELATIVE CLOSURE IN THE FIELD MEASURED BOUNDARY IS BETTER THAN: 1 FOOT IN 7,500 FEET; LINEAR (SUBURBAN).
- 3-) A TITLE REPORT WAS NOT PROVIDED FOR THIS SURVEY. THEREFORE, THERE MAY BE RESTRICTIONS ON THIS PARCEL THAT ARE NOT SHOWN THAT MAY BE FOUND IN THE PUBLIC RECORDS OF MIAMI-DADE COUNTY, FLORIDA. NO EXPRESSED OR IMPLIED DETERMINATION OF TITLE OR OWNERSHIP TO THE LAND DESCRIBED IS MADE.
- 4-) THERE MAY BE UNDERGROUND UTILITY LOCATIONS AND SUBSURFACE FEATURES WITHIN THE PARCEL THAT ARE NOT SHOWN. THERE IS NO VISIBLE SURFACE OR OVERHEAD ENCROACHMENT, OTHER THAN SHOWN ON THIS SURVEY.
- 5-) IT IS A VIOLATION OF RULE 5J-17 OF THE FLORIDA ADMINISTRATIVE CODE TO ALTER THIS SURVEY DRAWING WITHOUT THE PRIOR WRITTEN CONSENT OF THE SURVEYOR.
- 7-) SURVEYOR DOES NOT DETERMINE OWNERSHIP OF FENCE, ONLY EXISTING LOCATION IS REPRESENTED.
- 8-) FLOOD ZONE DETERMINATION MUST BE CONFIRMED BY AUTHORIZED OFFICIAL PRIOR TO CONSTRUCTION.

ELEVATION INFORMATION:

BASED ON THE FLOOD INSURANCE RATE MAP OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY DATED OR
REVISED ON 09-11-09 THE HEREIN DESCRIBED PROPERTY IS SITUATED WITHIN ZONE AE
BASE FLOOD ELEVATION 11.0 COMMUNITY 120639 PANEL NUMBER 0469 SUFFIX L
ELEVATIONS(WHEN SHOWN) REFER TO N.G.V.D., 1929 DATUM,
COUNTY BENCHMARK USED ELEVATIONS FEET B.M. LOCATION

CERTIFIED TO:

MARIO ROSARIO AND SURAI A ROSARIO
PEAPACK-GLADSTONE BANK, IT'S SUCCESSORS AND/OR ASSIGNS, ATIMA
OLD REPUBLIC ATIONAL TITLE INSURANCE COMPANY
DANIEL RIOS P.A.


Professional Land Surveyors, Mapper
CERTIFICATE No.L.B. 8064
STATE OF FLORIDA
Main Line: (305) 901-1317
Fax: (305) 901-1323

BY: LEONARDO MAQUEIRA, P.S.M
CERTIFICATE No.L.S.-6992
STATE OF FLORIDA

SURVEY DATE: 06-14-2018
SURVEY DATE: 10-10-2019
SURVEY DATE: 07-09-2021

"NOT VALID WITHOUT THE SIGNATURE, DATE AND THE ORIGINAL
RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER."



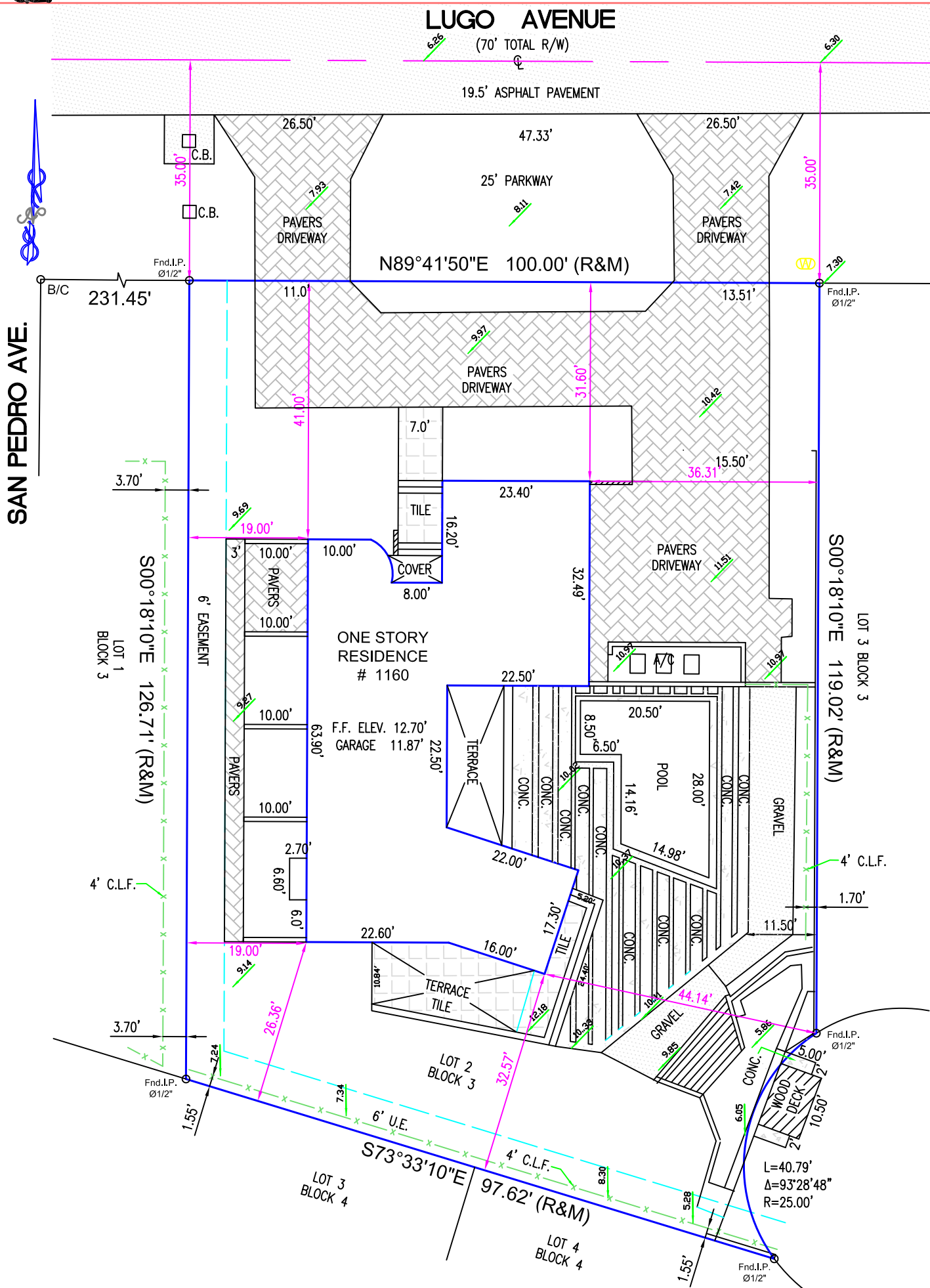
MAQ SERVICES, INC.
Professional Land Surveyors, Mapper
CERTIFICATE No.L.B. 8064
STATE OF FLORIDA
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Fax: (305) 901-1323

PAGE 2 OF 2
NOT VALID WITHOUT PAGE 1 OF 2

JOB No. 21-071160

SCALE: 1" = 20'

BOUNDARY SURVEY



ROSARIO RESIDENCE

1160 LUGO AVENUE
CORAL GABLES, FLORIDA 33156

CITY of CORAL GABLES

BOARD OF ARCHITECTS - SCHEMATICS SET
OCTOBER 15, 2021

GENERAL NOTES

1.

THE CONTRACTOR IS RESPONSIBLE FOR CONTACTING ANY GOVERNMENTAL AGENCIES NECESSARY IN ORDER TO ESTABLISH ANY UTILITY EASEMENTS OR LINES PRESENT WITHIN THE PROPERTY PRIOR TO PERFORMING ANY WORK.
2.

ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH APPLICABLE REQUIREMENTS OF THE "FLORIDA BUILDING CODE", CURRENT EDITION. NOTE: ALL LOCAL CODES SHALL PREVAIL.
3.

ANY OTHER SERVICES NECESSARY FOR THE COMPLETION OF THIS JOB THAT MAY BE INVOLUNTARY UNDER THE JURISDICTION OF THE FLORIDA BUILDING CODE AND NOT SPECIFIED IN THE "GENERAL NOTES AND OR SPECIFICATIONS" ARE THE CONTRACTOR'S SOLE RESPONSIBILITY.
4.

CONTRACTOR SHALL SUBMIT TO ARCHITECT/ENGINEER & BUILDING DEPARTMENT ALL REQUIRED SHOP DRAWINGS FOR REVIEW AND APPROVAL AS REQUIRED.
5.

OBTAIN THE LATEST SET OF DRAWINGS, INCLUDING ANY REVISIONS, BEFORE COMMENCING WORK. NO CHANGES OR SUBSTITUTIONS SHALL BE MADE WITHOUT THE WRITTEN PERMISSION OF THE OWNER/ARCHITECT/INTERIOR DESIGNER.
6.

THE CONTRACTOR SHALL NOT PROCEED WITH ANY ADDITIONAL SERVICES OR WORK WITHOUT PRIOR NOTIFICATION TO THE OWNER, FOLLOWED BY A CHANGE ORDER.
7.

THE CONTRACTOR SHALL MAKE REQUIRED ARRANGEMENTS, SECURE AND PAY FOR ALL SANITARY FACILITIES, BARRICADES, ENCLOSURES, AND FENCING AS NEEDED FOR AND DURING THE PROGRESS OF CONSTRUCTION. CONTRACTOR SHALL PROTECT ADJACENT PROPERTIES.
8.

CLEANING AND DEBRIS REMOVAL. THE OWNER SHALL RECEIVE THE PROPERTY FREE FROM DUST, ALL GLASS SURFACES SHALL BE CLEAN AND DEBRIS SHALL BE REMOVED FROM THE SITE. THE CONTRACTOR SHALL MAKE EFFORT TO MAINTAIN THE FLOOR CLEAN DURING CONSTRUCTION PROGRESS. LEFTOVERS FORM MEALS CONSUMED ON PREMISES SHALL BE DEPOSITED IN SEALED CONTAINERS.
9.

ARCHITECT/INTERIOR DESIGN ENGINEER'S VISITS AT THE SITE DURING CONSTRUCTION SHALL BE SCHEDULED WITH CONTRACTOR BEFORE COMMENCING OF WORK AND DURING CONSTRUCTION SHALL BE COORDINATED WITHIN 48 HOURS IN ADVANCE PRIOR TO INSPECTION.
10.

CONTRACTOR SHALL MAINTAIN AN ACCURATE RECORD OF CHANGE ORDERS AND VARIATIONS THROUGHOUT THE PROGRESS OF THE WORK. USE ONE SET OF DOCUMENTS EXCLUSIVELY FOR THIS JOB.
11.

CONTRACTOR SHALL DELIVER THE ANNOTATED JOB RECORD SET TO THE OWNER UPON COMPLETION OF THE WORK, AS A CONDITION OF ACCEPTANCE.
12.

THE CONTRACTOR IS SOLELY RESPONSIBLE FOR MEANS AND METHODS OF CONSTRUCTION, AND FOR THE SEQUENCES AND PROCEDURES TO BE USED.
13.

THE CONTRACTOR SHALL PRODUCE, BY MEANS OF SHOP DRAWINGS, ALL ADDITIONAL DETAILS WHICH ARE INFERRABLE FROM THESE PLANS AND WHICH ARE NECESSARY FOR THE EXECUTION AND COMPLETION OF THE CONSTRUCTION.
14.

THE CONTRACTOR MUST FURNISH ALL LABOR, TOOLS, MATERIALS AND EQUIPMENT NECESSARY TO EXECUTE THE CONSTRUCTION OF THIS JOB.
15.

UPON ACCEPTANCE AS SUBSTANTIALLY COMPLETE, THE ARCHITECT SHALL ISSUE THE CONTRACTOR A "PUNCHLIST", INDICATING THE OBSERVED DEFICIENCIES IN THE WORK. THE CONTRACTOR SHALL MAKE SUCH CORRECTIONS AND ACHIEVE FINAL COMPLETION WITHIN 14 CALENDAR WORKING DAYS.
16.

THE ARCHITECTURAL AND STRUCTURAL DRAWINGS SHALL GOVERN THE LOCATIONS OF THE INSTALLATIONS OF THE MECHANICAL AND ELECTRICAL SYSTEM. CONTRACTOR MUST INFORM THE ARCHITECT BEFORE FORMING ANY CONCRETE DEAM IF INTERFERING WITH A/C DUCT OR PLUMBING FIXTURES EXACT LOCATION. ANY DEVIATION FROM THE MECHANICAL/ELECTRICAL PLANS TO ACCOMMODATE THE ABOVE CONDITIONS SHALL BE MADE WITHOUT ADDITIONAL COST TO THE OWNER.
17.

DO NOT SCALE DRAWINGS, DIMENSIONS GOVERN.
18.

VERIFY ALL DIMENSIONS ON DRAWINGS AND CONDITIONS AT JOB SITE PRIOR TO COMMENCING WORK. NOTIFY ARCHITECT OR OWNER REPRESENTATIVE OF ANY DISCREPANCIES AND SECURE AN INTERPRETATION OR DECISION FROM THE ARCHITECT BEFORE PROCEEDING WITH THE WORK. DO NOT SCALE DRAWINGS, DIMENSIONS GOVERN.
19.

THE ARCHITECT/ENGINEER DOES NOT ACCEPT RESPONSIBILITY FOR THE MISINTERPRETATION OF THESE PLANS BY OTHERS, THE REVIEW AND APPROVAL OF SHOP DRAWINGS PRODUCT CONTROL APPROVAL BY OTHERS.
20.

DO NOT SUBSTITUTE MATERIALS, EQUIPMENTS OR METHODS OF CONSTRUCTION UNLESS SUCH SUBSTITUTIONS OR CHANGES HAVE BEEN APPROVED IN WRITING BY THE OWNER/ARCHITECT/ENGINEER.
21.

THE ARCHITECT/INTERIOR DESIGNER/OWNER HAS THE RIGHT TO REFUSE ANY MATERIAL AND WORKMANSHIP THAT DOES NOT MEET HIGH QUALITY STANDARDS OF THE VARIOUS TRADES INVOLVED.
22.

STRUCTURAL DRAWINGS SHALL BE WORKED TOGETHER WITH ARCHITECTURAL, A/C, ELECTRICAL AND MECHANICAL DWGS., TO LOCATED OPENINGS, DRAINS, SLEEVES, SLOPES, DEPRESSED SLABS, BOLTS, CURBS, ETC.
23.

NO TIE BEAMS SHALL BE FORMED/POURED PRIOR TO TRUSS SHOP DRAWINGS APPROVAL.
24.

ALL CONCRETE WORK SHALL BE IN ACCORDANCE WITH ACI-301ETC. "SPECIFICATIONS FOR STRUCTURAL CONCRETE FOR BUILDINGS."
25.

REMOVAL OF FORMWORK SHALL BE IN ACCORDANCE WITH ACI-347 RECOMMENDED PRACTICE FOR CONCRETE FORMWORK."
26.

REBARS SHOWN ON SECTIONS ARE FOR PLACEMENT DETAIL ONLY, SIZE AND AMOUNT OF REBARS ARE AS PER SCHEDULES.
27.

EXTERIOR AND ADJACENT WALLS SHALL BE SEALED AT THE FOLLOWING LOCATIONS AS PER FLORIDA BUILDING CODE, LATEST EDITION.

A.

BETWEEN WINDOWS AND DOORS AND THEIR FRAMES,

B.

BETWEEN WINDOWS AND DOOR FRAMES AND THE SURROUNDING WALL,

C.

BETWEEN THE FOUNDATION AND WALL ASSEMBLY SILL-PLATES,

D.

JOINTS BETWEEN EXTERIOR WALL PANELS AT CHANGES IN PLANE, SUCH AS WITH EXTERIOR SHEATHING AT CORNERS AND CHANGES IN ORIENTATION.

E.

OPENINGS AND CRACKS AROUND ALL PENETRATIONS THROUGH THE WALL ENVELOPE SUCH AS UTILITY SERVICES AND PLUMBING,

F.

BETWEEN THE WALL PANELS AND TOP AND BOTTOM PLATES IN EXTERIOR AND ADJACENT WALLS. IN FRAME CONSTRUCTION, THE CRACK BETWEEN EXTERIOR AND ADJACENT WALL BOTTOM PLATES AND FLOORS SHALL BE SEALED WITH CAULKING OR GASKET MATERIAL. GYPSUM BOARD OR OTHER WALL PANELING ON THE INTERIOR SURFACE OF XTERIOR AND ADJACENT WALL SHALL BE SEALED TO THE FLOOR, AND (WHEN APPLICABLE)

G.

BETWEEN WALLS AND FLOOR WHERE THE FLOOR PENETRATES THE WALL.
28.

ALL CEILINGS SHALL BE SEALED SO THAT AIR FLOW FROM SHAFTS, WALL CHASES, CAVITIES AND BETWEEN CONDITIONED AND UNCONDITIONED ATTIC SPACE IS STOPPED.
29.

DRAFT STOPS SHALL BE SEALED AROUND PIPES AND CONDUITS AT THE TOPS OF ALL INTERIOR PARTITION WALLS SO THAT AIR CANNOT PENETRATE DOWN INTO THE WALLS.
30.

SEAL ALL CEILING SPACES BETWEEN THE CONDITIONED FLOORS FROM OUTSIDE AIR.
31.

INSURE THAT ALL INSULATION IS PROPERLY DISTRIBUTED AND INSTALLED WITHOUT GAPS OR IN CONTACT WITH SURFACES THAT TRANSFER AIR.
32.

USE ONLY HIGH HAT LIGHTS WITH SEALED CANS OR SEAL THEM FROM THE ATTIC DRYWALL SO THAT COLD AIR DOES NOT GET INTO THE ATTIC.
33.

ALL DIFFUSERS AND GRILLS SHALL HAVE GASKETS AND THE FIBERGLASS BOOT CONNECTIONS SHALL BE TIGHT IN ORDER TO PREVENT COLD AIR TO LEAK OUT THROUGH THE DRYWALL OPENINGS ALLOWING CONDENSATION TO FORM.
34.

DO NOT VENTILATE THE ATTIC BY FORCED VENTILATION.
35.

INSURE THAT THERE IS NO DUCT LEAKAGE.
36.

KEEP ALL DUCTWORK SEPARATE FROM ALL OTHER DUCTWORK, ATTIC INSULATION, AND BUILDING CONSTRUCTION MATERIALS.
37.

SLABS OVER CRAWLSPACES, UNCONDITIONED SPACES SHALL BE SEALED AND INSULATED UNDERNEATH.
38.

MAINTAIN CONDITIONS IN ATTIC SUCH THAT THE DEW POINT OF THE ATTIC AIR IS HIGHER THAN THE SKIN TEMPERATURE OF THE DUCTWORK AT ALL TIMES.
39.

WINDOW MANUFACTURER TO VERIFY ALL WINDOW OPENINGS AT FIELD PRIOR TO WINDOW PLACEMENT.
40.

ALL GLASS SHOWER AND TUB ENCLOSURES SHALL BE TEMPERED GLASS CAT. II.
41.

ALL FIXED GLASS SHALL BE TEMPERED GLASS CATEGORY CLASS II

STATEMENT DESIGN

TO THE BEST OF MY KNOWLEDGE AND BELIEF THESE PLANS COMPLY WITH ALL APPLICABLE CODES AND STANDARDS SUCH AS FBC 2020, N.E.C. D.S.M.A. LIFE SAFETY CODE NFPA 101, ACI, ASC DADE COUNTY PRODUCT APPROVAL REQUIREMENTS.

SCOPE OF WORK

- ADDITION:

TWO BEDROOMS / SITTING AREA
- ADDITION:

MASTER BATHROOM
- ALTERATION:

EXISTING GARAGE
- ALTERATION:

INTERIOR RENOVATION

ALTERATION - LEVEL 2

SECTION 404
ALTERATION - LEVEL 2

404.1 Scope. Level 2 alterations include the reconfiguration of space, the addition or elimination of any door or window, the reconfiguration or extension of any system, or the installation of any additional equipment.

404.2 Application. Level 2 alterations shall comply with the provisions of Chapter 6 for Level 1 alterations as well as the provisions of Chapter 7.

PROPERTY ADDRESS:

1160 LUGO AVE.
CORAL GABLES, FLORIDA 33156
FOLIO No.: 03-5118-006-0020

LEGAL DESCRIPTION:

CORAL BAY SEC B PB 65-115 LOT 2 BLK 3 LOT SIZE SITE VALUE OR 21193-3783 03/2003 4

ZONING SUMMARY:

ZONING LAND USE: (SFR) SINGLE FAMILY RESIDENTIAL

ZONING LEGEND (SFR)

LOT OCCUPATION:		
LOT AREA		13,894 Sq.Ft
MAX. LOT COVERAGE		35%

BUILDING SQUARE FOOTAGE		
	EXISTING	PROPOSED
ACTUAL	5,238 SF	6,383 SF
LIVING	4,060 SF	5,363 SF
ADJUSTED	4,275 SF	5,805 SF

BUILDING SETBACK			
FRONT SETBACK	25' MIN.		25'-2" (PROPOSED)
SIDE SETBACK	10' MIN.		16'-6" (PROPOSED)
SIDE SETBACK	10' MIN.		10'-0" (EXISTING)
REAR SETBACK	10' MIN.		19'-0" (EXISTING)
WATERWAY SETBACK	35' MIN.		39'-3" (EXISTING)

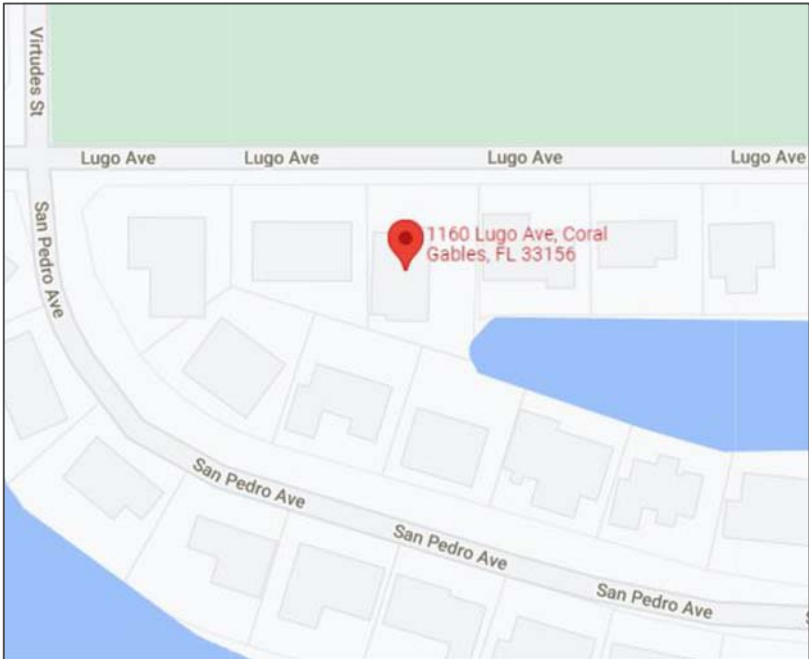
BUILDING HEIGHT		
MAX. BLDG. HEIGHT	2 STORIES	2 STORIES
MAX. HEIGHT - STORIES	25'	23'-10" (EXISTING)

DADE COUNTY FLOOD PLAIN MANAGEMENT LEGEND

This property is located in Flood Zone X, Suffix J, Effective Date: 9-11-2009. Elevations are referred to N.G.V.D. 1929

PROJECT FIN. FLOOR ELEV. 0'-0" REFERS TO ELEV. +12'-70" N.G.V.D. 1929

LOCATION MAP



CANDELA ARCHITECTURE, LLC
ARCHITECTURE + PLANNING + INTERIORS

5940 SOUTHWEST 73RD STREET, SUITE 200
SOUTH MIAMI, FLORIDA 33143 P.305.666.7788
WWW.CANDELAARCHITECTURE.COM

SEAL/SIGNATURE

Jacqueline Candela, AIA, REG. FL. NO. AR99610

KEY PLAN

ROSARIO RESIDENCE

1160 LUGO AVE.
CORAL GABLES, FL. 33156
GABLES BY THE SEA

SUBMITTAL

BoA Review Application

DATE

October 15, 2021

PROJECT NAME | PROJECT NUMBER

Rosario Residence
21.10-105

REVISIONS

NO | ISSUE | DATE

TITLE

GENERAL NOTES
ZONING ANALYSIS

SHEET

A-0.1

CANDELA ARCHITECTURE



9 PHOTO
910 LUGO - REFERENCE
P-1 | SCALE: N.T.S.



8 PHOTO
1140 LUGO - REFERENCE
P-1 | SCALE: N.T.S.



7 PHOTO
1170 LUGO - REFERENCE
P-1 | SCALE: N.T.S.



6 PHOTO
SOUTH ELEVATION
P-1 | SCALE: N.T.S.



5 PHOTO
WEST ELEVATION
P-1 | SCALE: N.T.S.



4 PHOTO
EAST ELEVATION
P-1 | SCALE: N.T.S.



3 PHOTO
NORTHEAST ELEVATION
P-1 | SCALE: N.T.S.



2 PHOTO
NORTH ELEVATION
P-1 | SCALE: N.T.S.



1 PHOTO
NORTH ELEVATION
P-1 | SCALE: N.T.S.

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October 28, 2021

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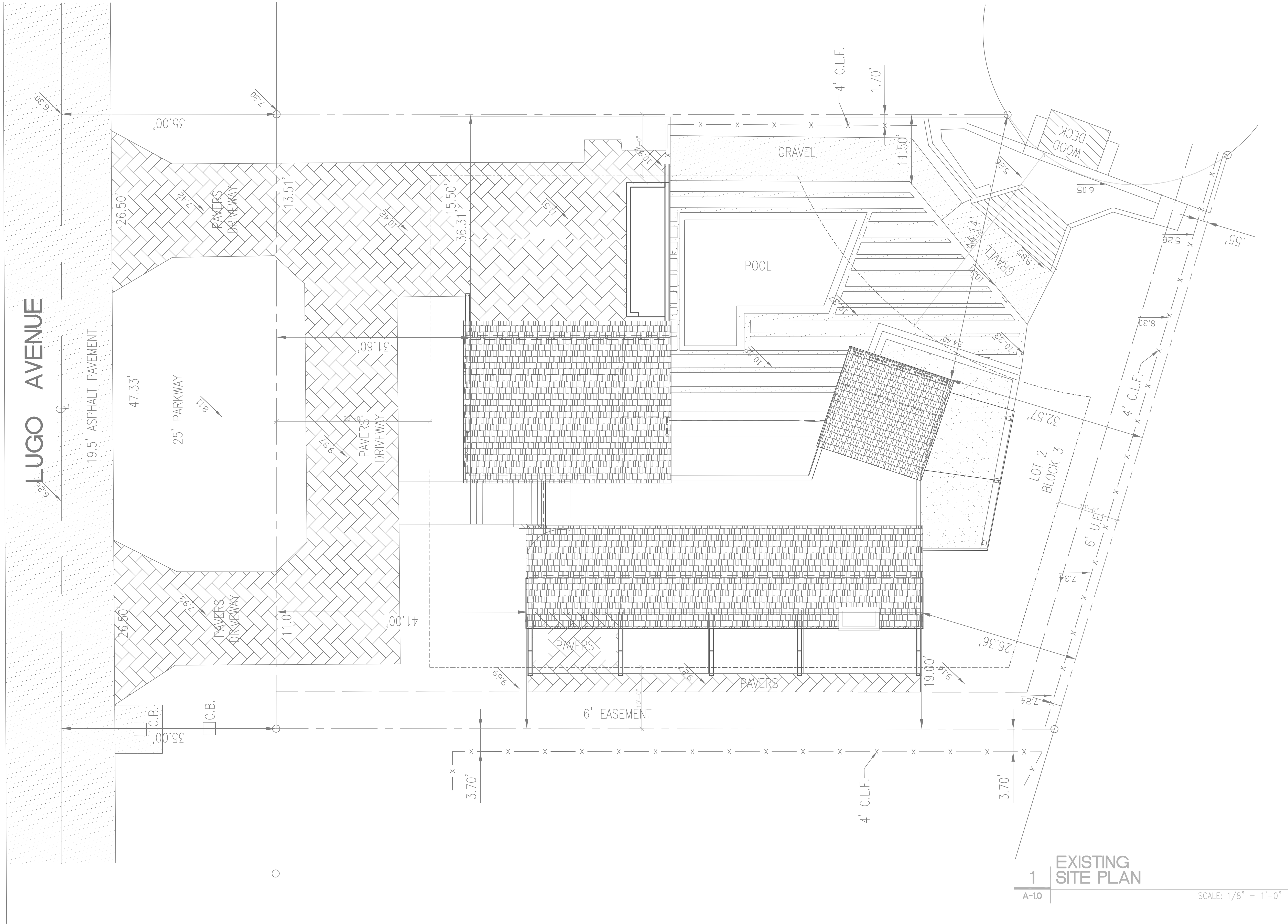
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TITLE

REFERENCE
PHOTOS

SHEET

0" FENCE



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TITLE

EXISTING
SITE PLAN

SHEET

A-1.0
EXIST.

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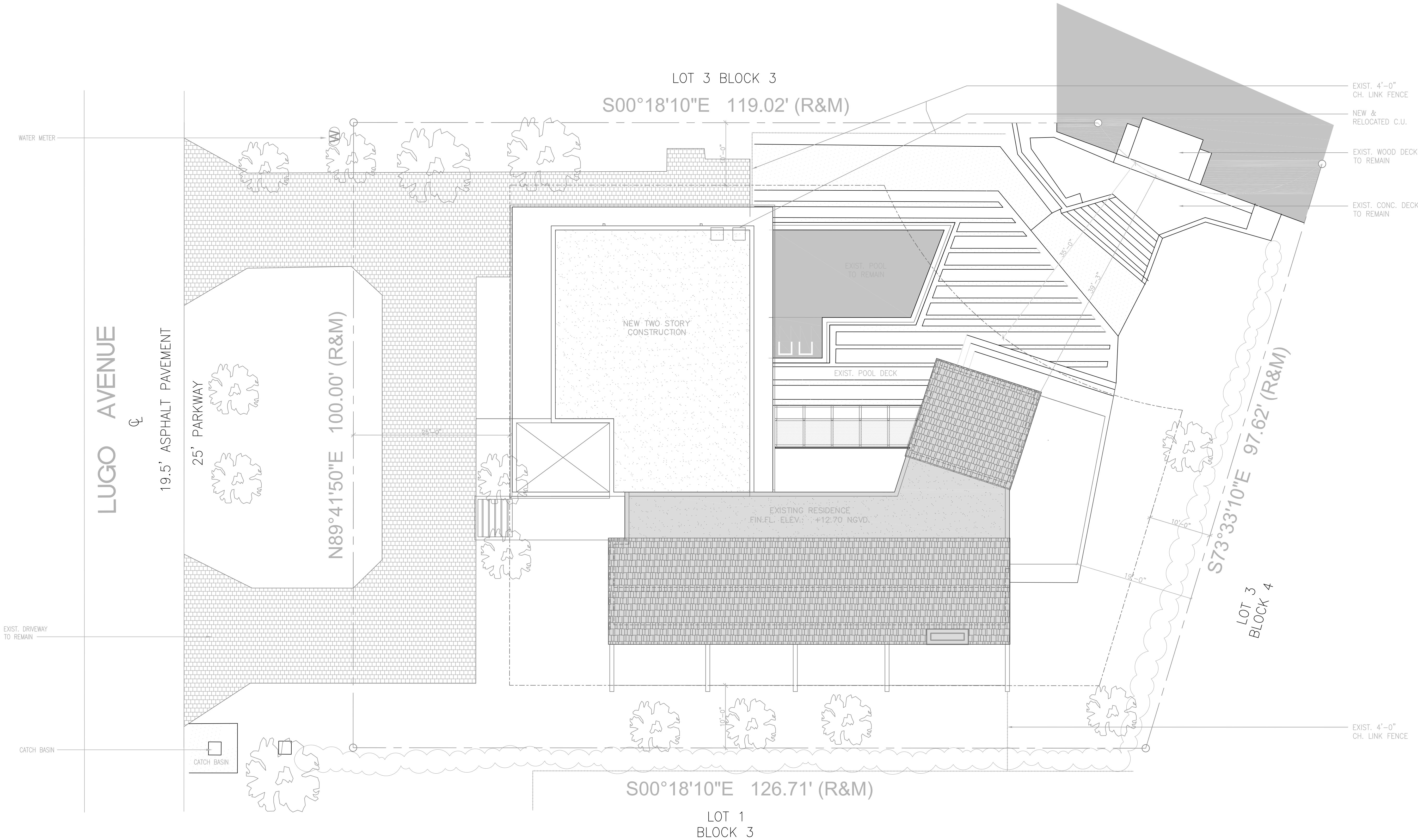
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SITE PLAN

SHEET

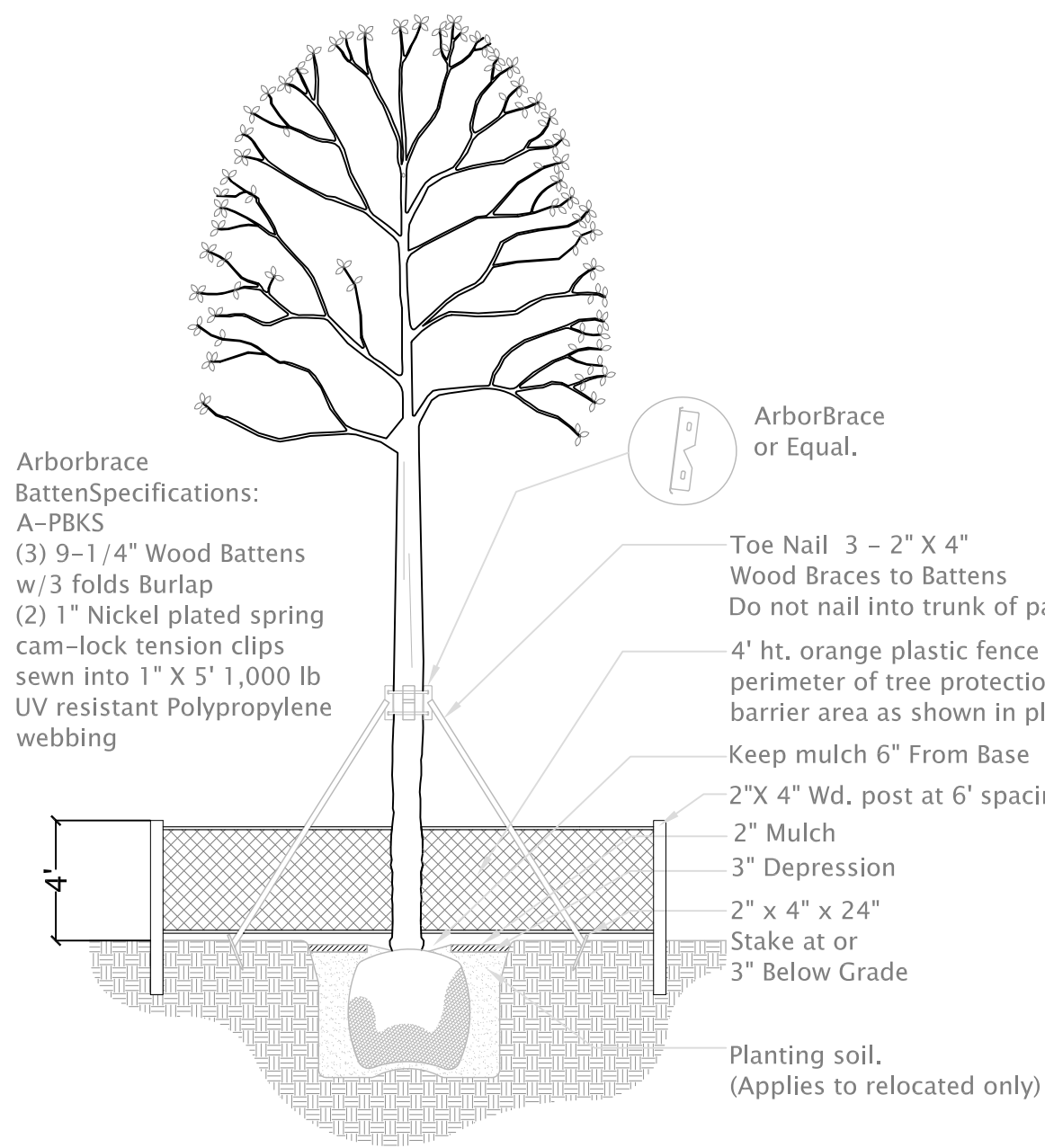
A-1.0



1 SITE PLAN

A-1.0

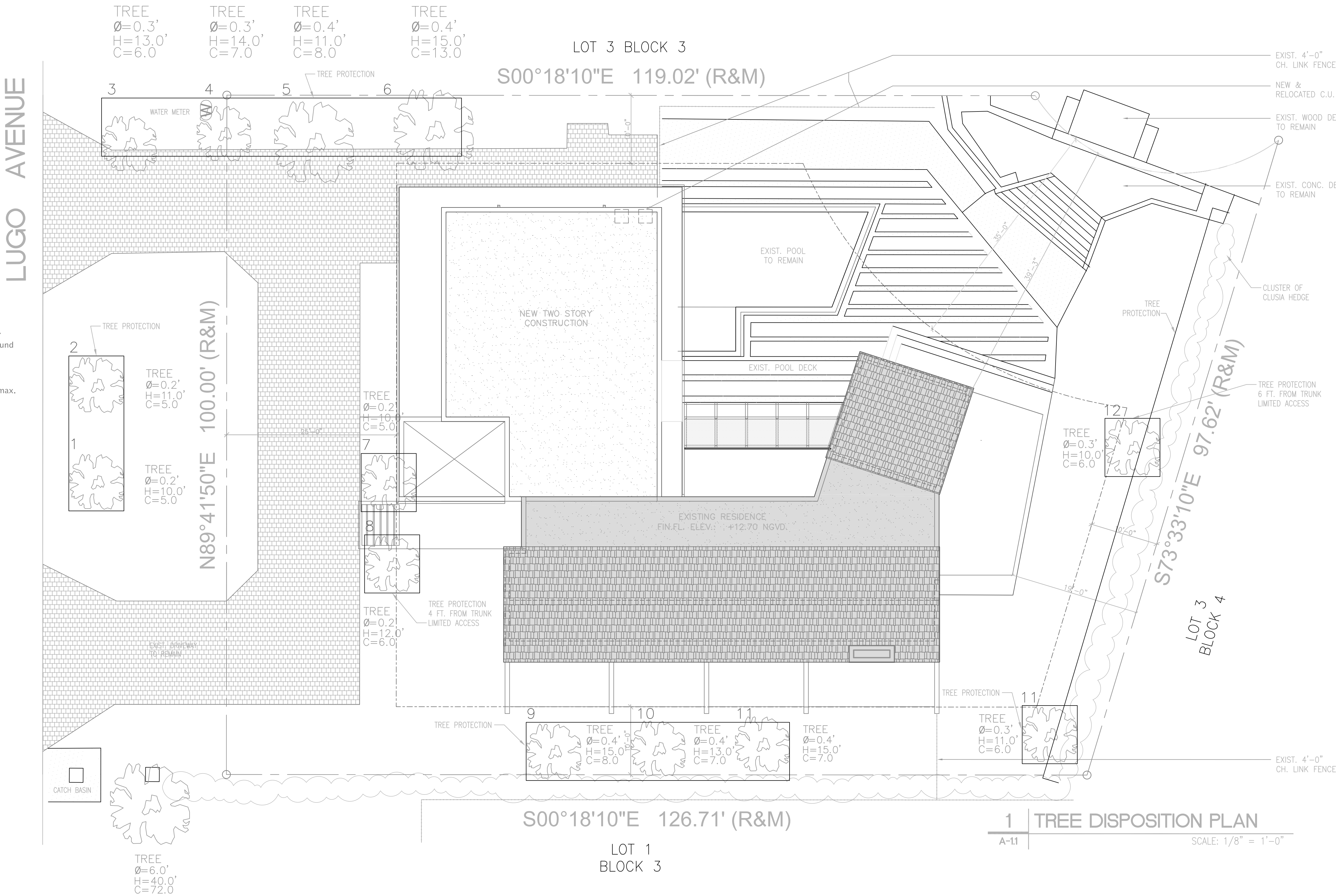
SCALE: 1/8" = 1'-0"



PROTECTIVE BARRIER & BRACING SECTION DETAIL

N.T.S.

- Place three straps or wood braces on trees & palms less than 8" caliper
- Place four wood braces on trees & palms over 8" caliper
- Place protective barrier on trees & palms to remain and trees & palms to be relocated. barriers on existing trees to remain may be made out of plastic orange temp. fence type.



1 TREE DISPOSITION PLAN

A-1.1

SCALE: 1/8" = 1'-0"

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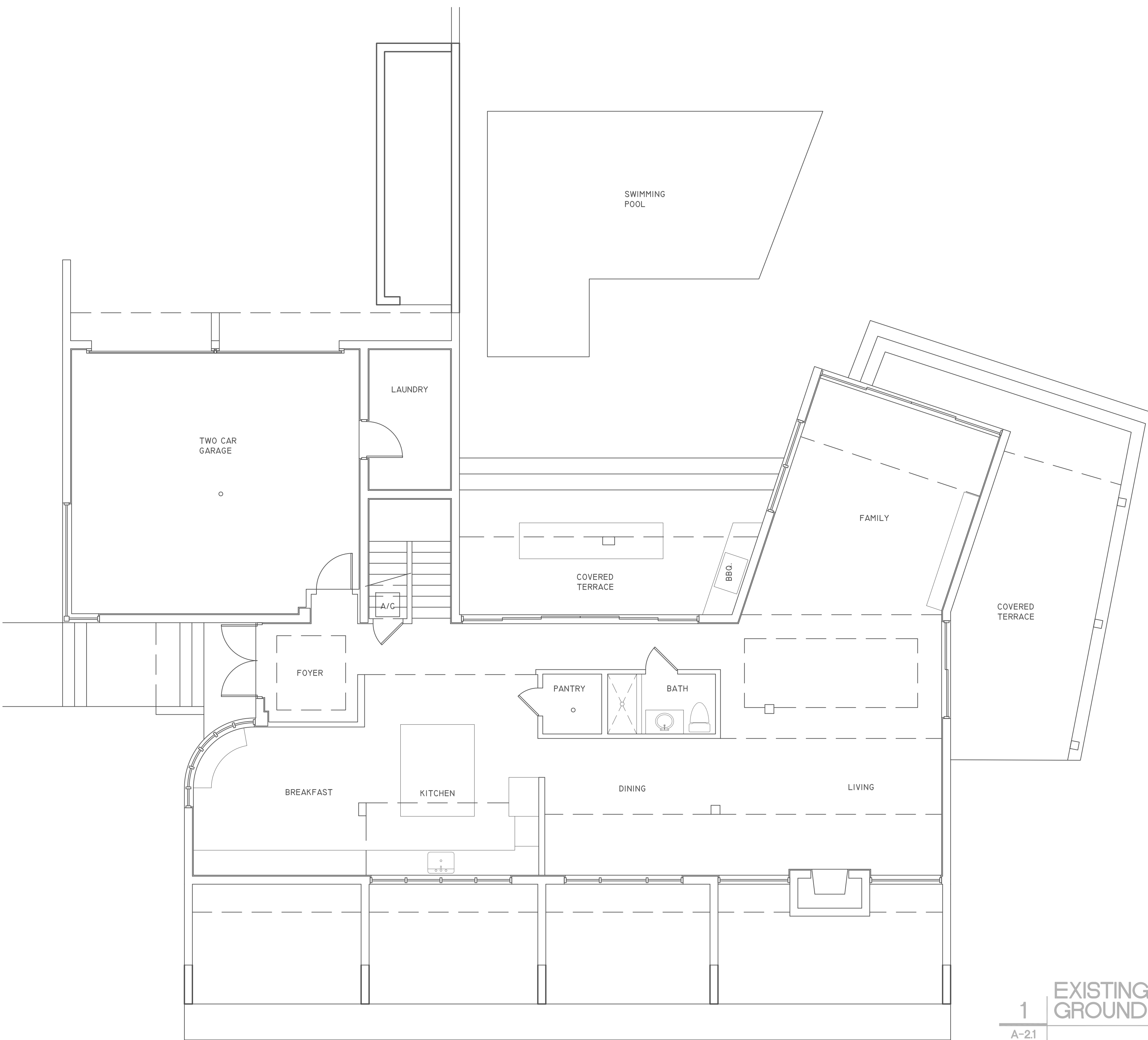
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**TREE DISPOSITION
PLAN**

SHEET

A-1.1

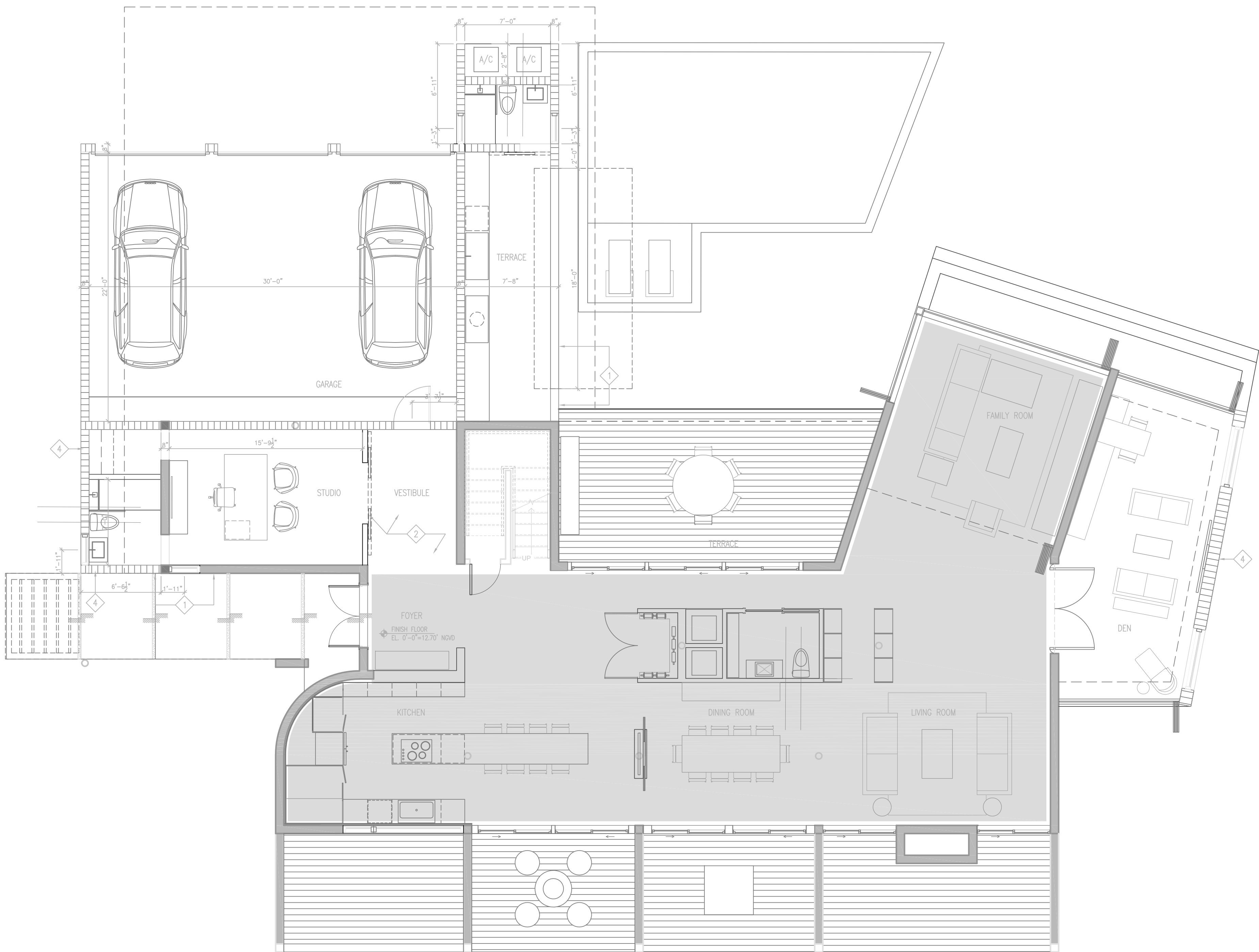
CANDELA ARCHITECTURE



1
A-21

EXISTING
GROUND FLOOR PLAN

SCALE: 3/16" = 1'-0"



1 | GROUND FLOOR PLAN
A-21 | SCALE: 3/16" = 1'-0"

FLOOR PLAN KEY NOTES

- 1 ALIGN FINISHES
2 NEW FLOOR - FINISH MATERIAL TO BE SELECTED
3 SET ALL DOORS OPENINGS 6" OFF LATERAL WALL U.N.O.

- 4 NEW 8" CMU WALL WITH ONE LAYER OF 1/2" GYPSUM BOARD ON 1x3 PT FURRING STRIPS 16" O.C. PROVIDE R-5 WALL INSULATION. SEE TYPICAL WALL SECTION
5 FILL OPENING WITH CMU, SEE STRUCTURAL (S-3) FOR DETAILS. INSTALL 6" MESH OVER JOINT AND APPLY 2 COATS OF STUCCO, FINISH TO MATCH EXISTING ADJACENT WALL.

FLOOR PLAN LEGEND

- DENOTES EXISTING C.M.U. WALL
□ DENOTES NEW 8" C.M.U. WALL
— DENOTES EXISTING GYP. BD. PARTITION
— DENOTES NEW GYP. BD. PARTITION

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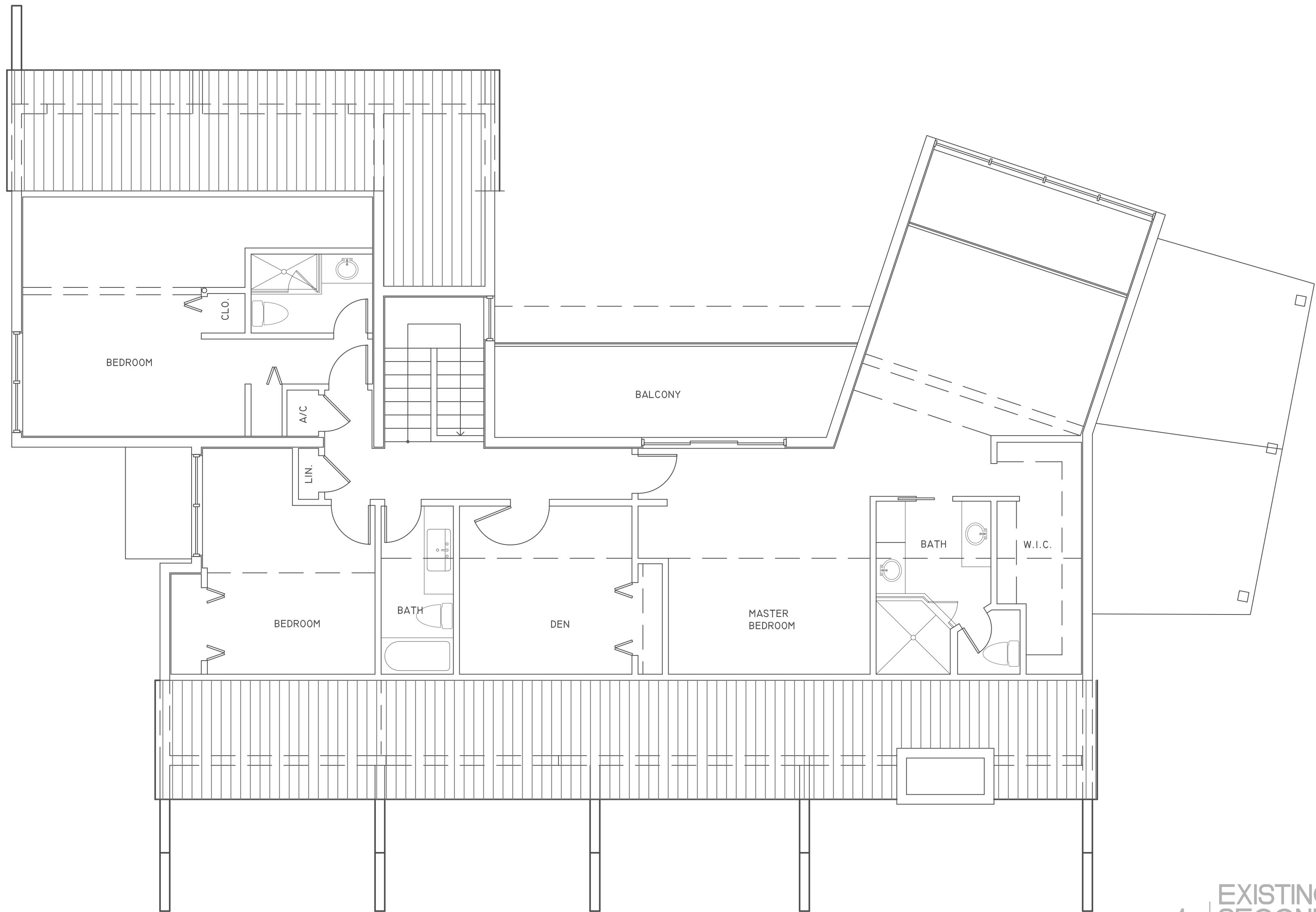
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GROUND FLOOR PLAN

SHEET

A-2.1



1
EXISTING
SECOND FLOOR PLAN

A-2.2

SCALE: 3/16" = 1'-0"

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**EXISTING
SECOND FLOOR
PLAN**

SHEET

**A-2.2
EXIST.**

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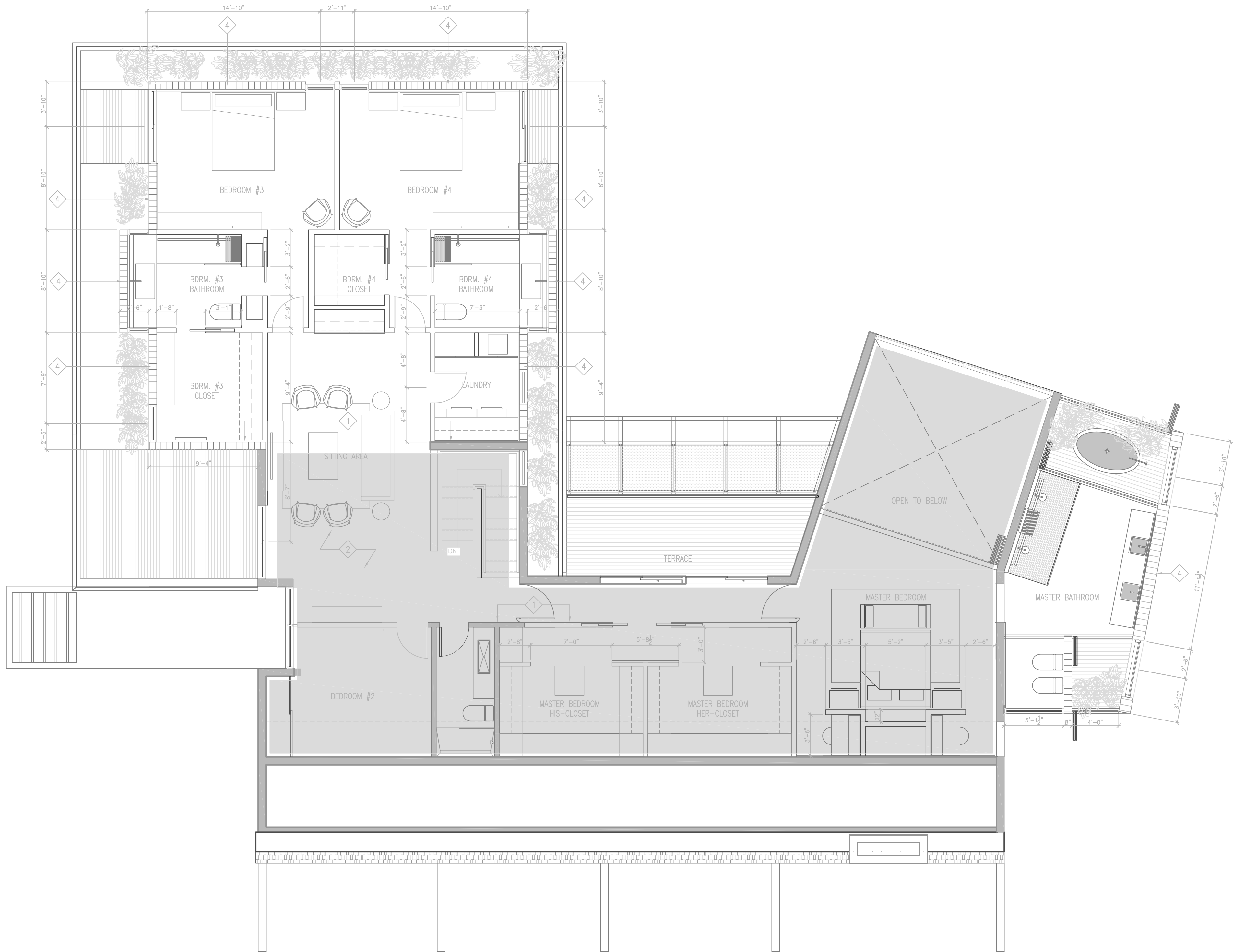
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TITLE

SECOND FLOOR PLAN

SHEET

A-2.2



1 SECOND FLOOR PLAN

A-2.2

SCALE: 3/16" = 1'-0"

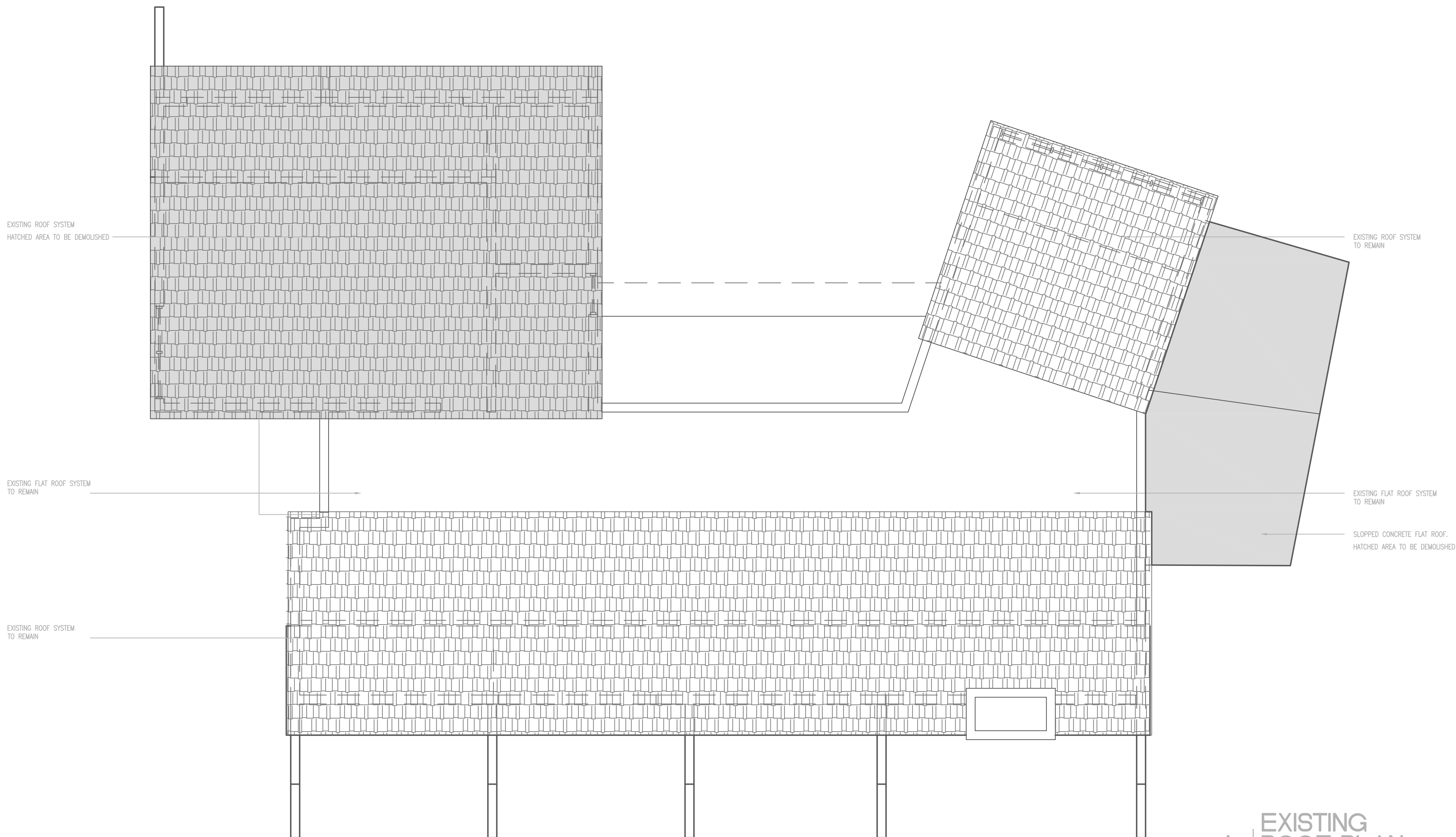
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- 1 ALIGN FINISHES
- 2 NEW FLOOR - FINISH MATERIAL TO BE SELECTED
- 3 SET ALL DOORS OPENINGS 6" OFF LATERAL WALL U.N.O.

- 4 NEW 8" CMU WALL WITH ONE LAYER OF 1/2" GYPSUM BOARD ON 1x3 PT FURRING STRIPS 16" O.C. PROVIDE R-5 WALL INSULATION. SEE TYPICAL WALL SECTION
- 5 FILL OPENING WITH CMU, SEE STRUCTURAL (S-3) FOR DETAILS. INSTALL 6" MESH OVER JOINT AND APPLY 2 COATS OF STUCCO, FINISH TO MATCH EXISTING ADJACENT WALL

FLOOR PLAN LEGEND

- DENOTES EXISTING C.M.U. WALL
- DENOTES NEW 8" C.M.U. WALL
- DENOTES EXISTING GYP. BD. PARTITION
- DENOTES NEW GYP. BD. PARTITION



1
EXISTING
ROOF PLAN

A-2.3

SCALE: 3/16" = 1'-0"

CANDELA ARCHITECTURE, LLC
ARCHITECTURE + PLANNING + INTERIORS

5940 SOUTHWEST 73RD STREET, SUITE 200
SOUTH MIAMI, FLORIDA 33143 P.305.666.7788
WWW.CANDELAARCHITECTURE.COM

SEAL/SIGNATURE

Jacqueline Candela, AIA, REG. FL. NO. AR99610

KEY PLAN

ROSARIO RESIDENCE
1160 LUGO AVE.
CORAL GABLES, FL. 33156
GABLES BY THE SEA

SUBMITTAL

BoA Review Application

DATE

October 15, 2021

PROJECT NAME | PROJECT NUMBER

Rosario Residence
21.10-105

REVISIONS

NO	ISSUE	DATE
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TITLE

EXISTING
ROOF PLAN

SHEET

A-2.3
EXIST.

CANDELA ARCHITECTURE, LLC
ARCHITECTURE + PLANNING + INTERIORS

5940 SOUTHWEST 73RD STREET, SUITE 200
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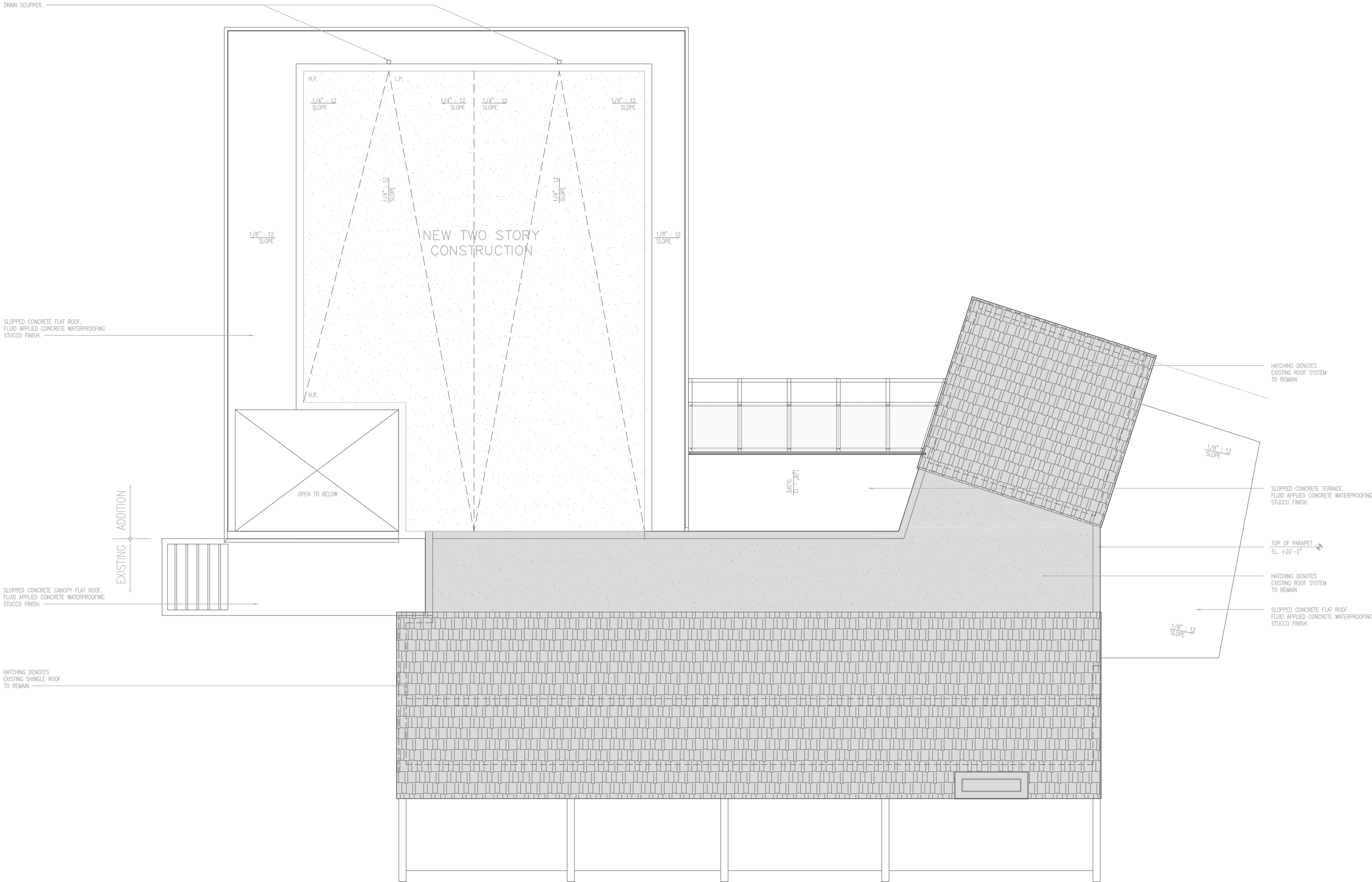
NO	ISSUE	DATE
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TITLE

ROOF PLAN

SHEET

A-2.3



1 ROOF PLAN

A-23

SCALE: 3/16" = 1'-0"



2
EXISTING SOUTH ELEVATION

A-4.1

SCALE: 3/16" = 1'-0"



1
EXISTING NORTH ELEVATION

A-4.1

SCALE: 3/16" = 1'-0"

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TITLE

EXISTING
ELEVATIONS

SHEET

A-4.1
EXIST.

CANDELA ARCHITECTURE, LLC
ARCHITECTURE + PLANNING + INTERIORS

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21.10-105

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NO	ISSUE	DATE
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TITLE

ELEVATIONS

SHEET

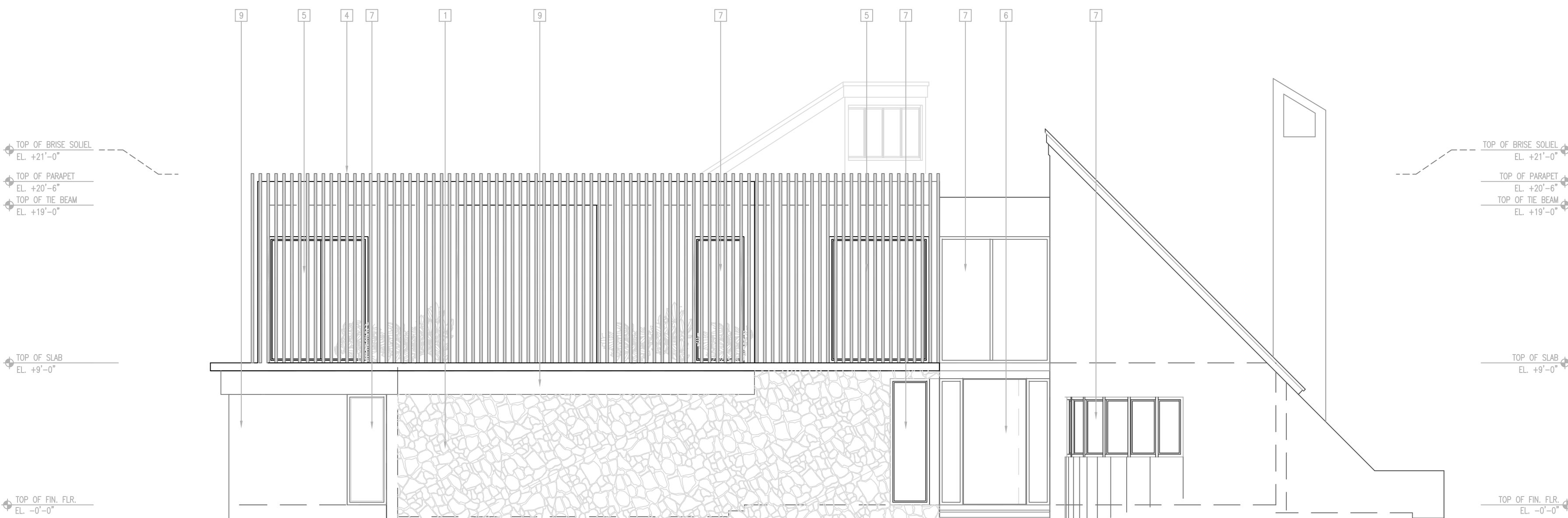
A-4.1



2 | SOUTH ELEVATION

A-4.1

SCALE: 3/16" = 1'-0"

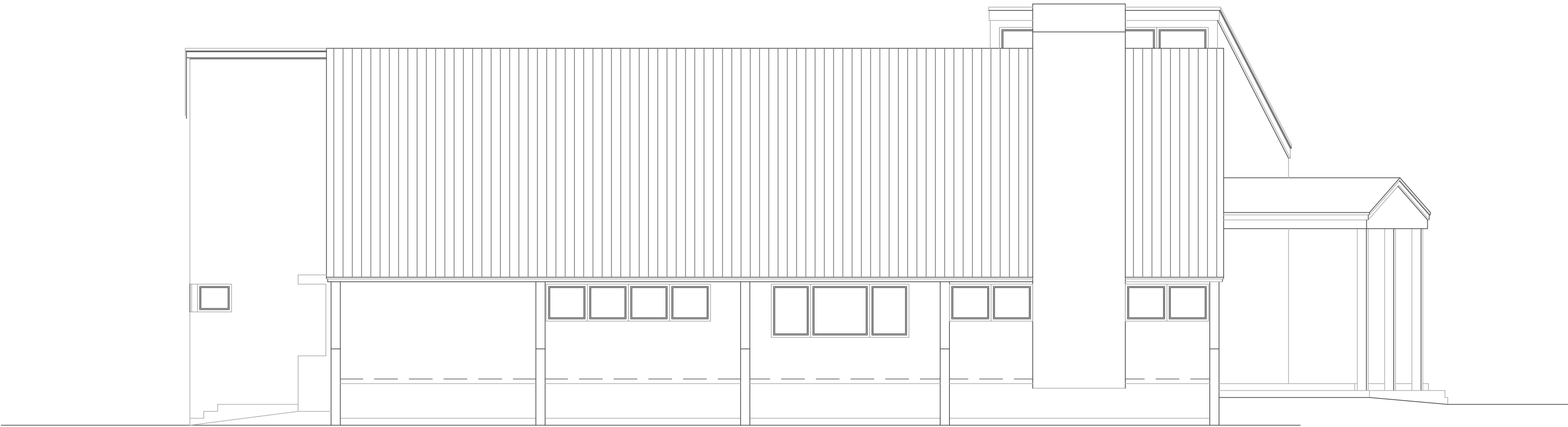


1 | NORTH ELEVATION

A-4.1

SCALE: 3/16" = 1'-0"

- | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|----|--|----|-------------------------------|
| 1 | STANDING SEAM METAL ROOF (TO MATCH EXISTING) | 3 | ALUM. DRIP EDGE AND CUMARU WOOD FASCIA | 5 | ALUMINUM SLIDING GLASS DOOR, IMPACT GLAZING. | 7 | ALUMINUM WINDOW, IMPACT GLAZING. | 9 | SMOOTH STUCCO WALL FINISH ON CMU WALL. | 11 | 42" HIGH CABLE RAILING SYSTEM |
| 2 | 3" X 8" RAFTER @ 24" O/C | 4 | WOOD BRISE-SOULEL SYSTEM, TYP. | 6 | ALUMINUM SWING GLASS DOOR, IMPACT GLAZING. | 8 | ALUMINUM GARAGE DOOR WITH WOOD VENEER. | 10 | TRANSPARENT SLATTED CUMARU WOOD SCREEN | 12 | STONE STEP RISERS AND TREADS |



2
EXISTING
WEST ELEVATION

A-4.2

SCALE: 3/16" = 1'-0"



1
EXISTING
EAST ELEVATION

A-4.2

SCALE: 3/16" = 1'-0"

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ARCHITECTURE + PLANNING + INTERIORS

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KEY PLAN

ROSARIO RESIDENCE
1160 LUGO AVE.
CORAL GABLES, FL. 33156
GABLES BY THE SEA

SUBMITTAL

BoA Review Application

DATE

October 15, 2021

PROJECT NAME | PROJECT NUMBER

Rosario Residence
21.10-105

REVISIONS

NO	ISSUE	DATE
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TITLE

EXISTING
ELEVATIONS

SHEET

A-4.2
EXIST.

CANDELA ARCHITECTURE, LLC
ARCHITECTURE + PLANNING + INTERIORS

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21.10-105

REVISIONS

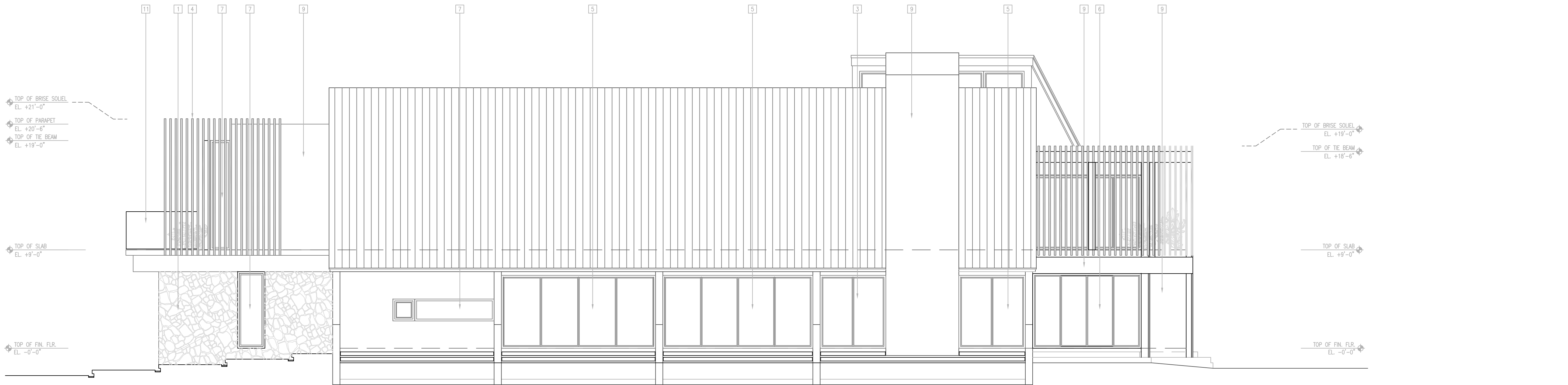
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TITLE

ELEVATIONS

SHEET

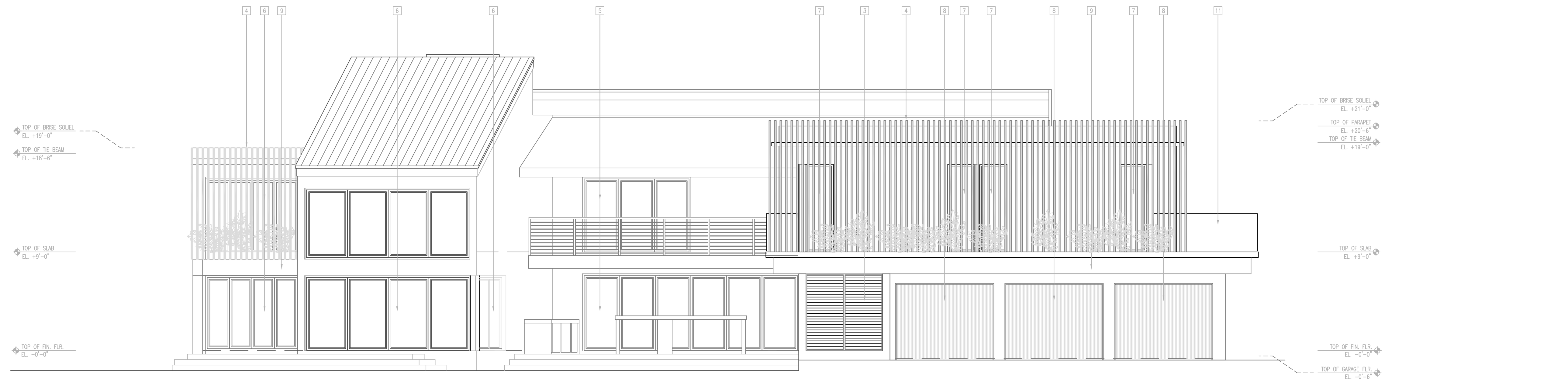
A-4.2



2 | WEST ELEVATION

A-4.2

SCALE: 3/16" = 1'-0"



1 | EAST ELEVATION

A-4.2

SCALE: 3/16" = 1'-0"

- | | | | | | | | | | | | |
|---|---|---|----------------------------------|---|---|---|---|----|---|----|----------------------------------|
| 1 | EXISTING ROOF SYSTEM
(TO MATCH EXISTING) | 3 | ALUM. LOUVERED DOOR | 5 | ALUMINUM SLIDING GLASS
DOOR, IMPACT GLAZING. | 7 | ALUMINUM WINDOW, IMPACT
GLAZING. | 9 | SMOOTH STUCCO WALL FINISH
ON CMU WALL. | 11 | 42" HIGH GLASS RAILING
SYSTEM |
| 2 | 3" X 8" RAFTER @ 24" O/C | 4 | WOOD BRISE-SOLEL SYSTEM,
TYP. | 6 | ALUMINUM SWING GLASS
DOOR, IMPACT GLAZING. | 8 | ALUMINUM GARAGE DOOR WITH
WOOD VENEER. | 10 | TRANSPARENT SLATED,
CUMARU WOOD SCREEN | 12 | STONE STEP RISERS AND
TREADS |

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name MARIO ROSARIO AND SURAI A ROSARIO				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1160 LUGO AVE				Company NAIC Number:	
City CORAL GABLES		State FL		ZIP Code 33156	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) CORAL BAY SEC B PB 65-115 LOT 2 BLK 3--- 03-5118-006-0020					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N25°39'08"</u> Long. <u>W80°16'35"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>573+-</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CORAL GABLES 120639			B2. County Name MIAMI-DADE		B3. State FL
B4. Map/Panel Number 12086C 0469	B5. Suffix L	B6. FIRM Index Date 09-11-09	B7. FIRM Panel Effective/ Revised Date 09-11-09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 11.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1160 LUGO AVE			Policy Number:
City CORAL GABLES	State FL	ZIP Code 33156	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: MDC Vertical Datum: NGVD 1929

Indicate elevation datum used for the elevations in items a) through h) below.

☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.


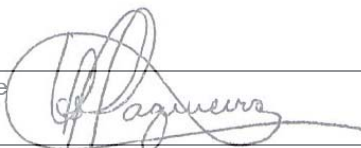
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	12.70	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	11.87	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	10.97	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	10.02	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	11.51	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name LEONARDO MAQUEIRA	License Number LS6992		
Title P.S.M.			
Company Name MAQ SERVICES INC			
Address 405 E 41 STREET, SUITE 2-D			
City HIALEAH	State FL		ZIP Code 33013
Signature 	Date 07/09-21	Telephone 305-901-1317	Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

LATITUDE & LONGITUDE OBTAINED BY GPS C.2.E. REFERS TO A/C PAD ON SIDE OF BLDG

THIS ELEVATION IS MEANT FOR FLOOD INSURANCE PURPOSES ONLY; NOT TO BE USED FOR PERMITTING, DESIGN OR LOMR/LOMA PURPOSES

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1160 LUGO AVE			Policy Number:
City CORAL GABLES	State FL	ZIP Code <input type="text"/> 33156	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1160 LUGO AVE			Policy Number:
City CORAL GABLES	State FL	ZIP Code <input type="checkbox"/> 33156	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1160 LUGO AVE

City
CORAL GABLES

State
FL

ZIP Code
☐ 33156

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption SIDE VIEW

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1160 LUGO AVE

City
CORAL GABLES

State
FL

ZIP Code
☐ 33156

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption SIDE VIEW

Clear Photo Three



Photo Four

Photo Four Caption REAR VIEW

Clear Photo Four