

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

1. 415 ARAGON AVE.

Building Address: LOT 16 & 1/2 OF 15 Historic name of building (if any): 7 District Name (if any): C.G. SECT. "B"

Legal Description: Lot(s): 7 Block(s): 7 Section: 7

Owner's Name: 415 ARAGON LLC (ALBERTS TAGART) Street Address: 415 ARAGON Zip Code: 33134 Phone No.: 954/804-1407

(Required) e-mail: ALBERTS TAGART 2 A MAIL@COM

Applicant's Name: ALBERT POZK Street Address: 1900 FERDINAND ST Zip Code: 33134 Phone/Fax: 786/200-4328

(Required) e-mail: ARPOZAR@ARTPOZK.COM

Contractor Arch./Engineer's Name: ALBERT POZK Street Address: 1900 FERDINAND ST Zip Code: 33134 Phone/Fax: 786/200-4328

(Required) e-mail: _____

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

Minor Alterations New Construction Addition Rehabilitation

Demolition Other: _____

3. Will the work proposed require a variance from the Zoning Code?

NO YES, from section(s) SECT. 2-101 (6) LOT COVERPAGE

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: _____

6. WORK PROPOSED: Brief narrative of work to be performed.

INTERIOR REMODELING, ADDITIONS, NEW DRIVEWAY, DRIVEWAY/SIDWALK REMODELING, IMPACT WINDOWS & DOORS

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:*

Site Plan (with dimensions) Before/After Floor Plan(s) (with dimensions) Before/After Elevations(s) (with dimensions) Before/After Mailing list & 3 sets of labels VARIANCES/DEMOLITIONS

Photos Labeled 2 per page Survey (5 yrs or younger) Board review (1 Orig + 16 copies) Non-Board (1 original) Color/Material Sample Board review (16 swatches) Non-Board review (1 set) Letter of Intent Board review (16 copies) Non-Board review (1 copy) Reduced Plans 11x17 Board review 2 sign/seal + 14reg. Non-Board review (1 set)

Copy of Board of Architects Comments/Recommendations CD/USB with electronic copies of submittal items Fee variance or violations only PowerPoint on CD/USB Other

- 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, ALBERTS TAGART, as Owner of Lot(s) 16 & 1/2 OF 15

(Print Owner's Name)

Block(s) 7, Section C.G. SECT. "B" do hereby authorize the filing of this application. X

(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

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

DATE RECEIVED: _____

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.