

AB2010 6327 Application Not Notarized!! - 10/9/20 - LD



## Board of Architects Review Application

Phone: 305.460.5238

Email: boardofarchitects@coralgables.com

### Application Request

The undersigned Agent/Owner request(s) Board of Architects review of the following application(s):  
(Choose one (1) from Section #1 and choose all applicable from Section #2)

1. ☐ New Building OR ☒ Alterations / Additions OR ☐ Color Palette Review
2. ☒ Preliminary Approval  
☐ Coral Gables Mediterranean Style Design Standards Bonus Approval  
☐ Final Approval

### Property Information

Street Address of the Subject Property: 504 Navarre Ave Coral Gables FL 33134

Property/Project Name: FEANNY RESIDENCE

Legal description: Lot(s) 10 and 11

Block(s) 14 Section(s) B PB 5-111

Folio No. 03-4108-001-2330

Owner(s): Pietra Holdings LLC Natalie Feanny

Mailing Address: 9275 SW 152 St Suite 101 Mia, FL 33157

Telephone: 305-975-0315 Fax \_\_\_\_\_

Other \_\_\_\_\_ Email natzmd@bellsouth.net

Architect(s)/Engineer(s)/Contractor(s): SYNERGY DESIGN STUDIO

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 813 NE 16 COURT, FT LAUDERDALE 33305

Telephone: (305) 793 6634 Business \_\_\_\_\_ Fax \_\_\_\_\_

Other \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

### Project Information

Project Description(s): ATTACHED CARPORT ADDITION

Estimated project cost\*: \$25,000.00

(\*Estimated cost shall be +/- 10% of actual cost)

Date(s) of Previous Submittal(s) and Action(s): \_\_\_\_\_



# Board of Architects Review Application

## Applicant/Owner/Architect/Engineer Affirmation and Consent

I (We) acknowledge, affirm, and certify to all of the following:

1. This request, application, application supporting materials and all future supporting materials complies with all provisions and regulations of the Zoning Code, Comprehensive Plan and Code of Ordinances of the City of Coral Gables unless identified and approved as a part of this application request or other previously approved applications. Applicant understands that any violation of these provisions renders the application invalid.
2. That all the information contained in this application and all documentation submitted herewith is true to the best of (my) (our) knowledge and belief.
3. Understand that the application, all attachments and fees become a part of the official records of the City of Coral Gables and are not returnable.
4. All application representatives have registered with and completed lobbyist forms for the City of Coral Gables City Clerk's office.
5. Understand that under Florida Law, all the information submitted as part of the application are public records.
6. Failure to provide the information required for submittal/necessary for review by the Board of Architects may cause the application to be deferred without review.
7. That applications for the Board of Architects review require the presence of the applicant and/or architect/engineer at the Board of Architects meeting unless otherwise notified.
8. That plans submitted to this office are required to be picked up at the Board of Architects counter, by the Applicant, within fourteen (14) days after the Board of Architects meeting unless the plans have received Final Approval by the Board of Architects in which case, they will automatically be processed for a building permit. Plans which are not picked up within fourteen (14) days will be discarded.
9. All fees shall be paid by 12-midnight, three (3) days prior to the meeting date (ie. Monday before a Thursday meeting) to secure placement on the meeting's docket (agenda)
10. I have received consent from the owner of the property to file this application.

NOTE: ONLY ONE SIGNATURE OR AFFIRMATION/CONSENT IS REQUIRED

Agent/Owner Print Name: <u>Ratz Holdings LLC</u>		Agent/Owner Signature: <u>[Signature]</u>	
Address: <u>9275 SW 152 St Suite 101 Mtn. Fl 33157</u>			
Telephone: <u>305-975-0315</u>		Fax:	Email: <u>ratzmd@bellsouth.net</u>
ARCHITECT'S/ENGINEER'S SEAL	Architect(s)/Engineer(s)/Contractor(s) Print Name: <u>SYNERGY DESIGN STUDIO - BRUCE LOPEZ</u>		Architect(s)/Engineer(s)/Contractor(s) Signature: <u>[Signature]</u>
	Address: <u>813 NE 14 COURT</u>		
	<u>FT. LAUDERDALE, FL 33305</u>		
	Telephone:		Fax:
	Email:		
STATE OF FLORIDA ) SS COUNTY OF MIAMI-DADE )  Sworn to or affirmed and subscribed before me this ____ day of ____ in the year 20__ by ____ who has taken an oath and is personally known to me or has produced ____ as identification.  My Commission Expires: _____ Notary Public		STATE OF FLORIDA ) SS COUNTY OF MIAMI-DADE )  Sworn to or affirmed and subscribed before me this ____ day of ____ in the year 20__ by ____ who has taken an oath and is personally known to me or has produced ____ as identification.  My Commission Expires: _____ Notary Public	

# synergy design studio

## architecture

813 N.E. 16<sup>th</sup> Court  
Fort Lauderdale, FL 33305  
e: [bruce@synergy-arch.com](mailto:bruce@synergy-arch.com)

November 28, 2020

City of Coral Gables  
Development Services – Board of Architects  
405 Biltmore Way, 3<sup>rd</sup> Floor  
Coral Gables, Florida 33134

JOB ADDRESS: **504 Navarre Avenue**  
**Coral Gables, FL 33134**

To whom it may concern,

This letter is to inform you that the proposed scope of work for the above referenced property is: to provide an Attached Carport Addition to west side of the existing residence. The addition is to satisfy the covered parking space requirement of the Coral Gables Zoning Code section 5-1409.

We thank you in advance and look forward to our meeting. Should you need any additional information, please do not hesitate to contact us at (305)793-6636.

Thank You,

A handwritten signature in blue ink, appearing to read 'B. Lopez', with a stylized flourish at the end.

**bruce fabian lopez, lead ap**  
**synergy design studio**

kgn. cell: 876.885.2209  
kgn. off: 876.631.7080 / kgn. fax: 876.631.7125  
fla. off: 954.353.9356 / intl. fax: 888.317.7492  
e: [bruce@synergy-arch.com](mailto:bruce@synergy-arch.com)

# synergy design studio

## architecture

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November 28, 2020

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JOB ADDRESS: **504 Navarre Avenue**  
**Coral Gables, FL 33134**

To whom it may concern,

This letter is to inform you that the digitally submitted drawings are a replicate of the physical signed and sealed drawings that have been submitted to the Board of Architects for review.

We thank you in advance and look forward to our meeting. Should you need any additional information, please do not hesitate to contact us at (305)793-6636.

Thank You,



**bruce fabian lopez, leed ap**  
**synergy design studio**

kgn. cell: 876.885.2209  
kgn. off: 876.631.7080 / kgn. fax: 876.631.7125  
fla. off: 954.353.9356 / intl. fax: 888.317.7492  
e: [bruce@synergy-arch.com](mailto:bruce@synergy-arch.com)