



City of Coral Gables
Development Services Department
Public School Concurrency

Application Information	
Application Type:*	
Application Sub-type:	
Application Name:*	33 Alhambra
Telephone number:*	
E-mail address: *	jloaiza@mgdeveloper-miami.com
Project address:*	33 Alhambra Circle
Contact Information	
Contact Information	Jacqueline Loaiza
Telephone number:*	
E-mail address: *	jloaiza@mgdeveloper-miami.com
Local Government Name:	City of Coral Gables
Local Government Telephone Number:	305-460-5235
Local Government E-mail:	Schoolconcurrency@coralgables.com
Local Government Application Number:	(OFFICE USE ONLY)
Property Details	
Master Parcel/Folio Number:*(No dashes)	0341080071700
Additional Parcel/Folio Numbers: (Separate by a comma ,)	
Total Acreage:*	1.12
Previous Use.	Residential
Total Number of Existing Units:	
Demolition Permit#: _____ Date: _____	
Proposed Use:	Mixed-use
Single Family Detached Increase in Units:*	0
Single Family Attached Increase in Units:*	0
Multi-Family Attached Increase in Units:*	49
Total Number of Units increased:*	49

DAVID SCIENCE

Owner/Architect/Contractor Name (Please circle one)

STATE OF FLORIDA
 COUNTY OF MIAMI-DADE

The foregoing was acknowledged before me this ___ day of ___, 20___, by _____
 () is personally known to me,
 () has produced a _____ as identification.

NOTARY PUBLIC

(SEAL)