



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:

604 SAN ESTEBAN

Property/Project Name:

EXBXR / EQUELS - ADDITION & REMODELING
RESIDENCE

Legal description: Lot(s)

7

Block(s)

20

Section(s)

DIVERS SEG PART 1

Folio No.

03.4120.022.2221

Owner(s):

Laura ExbXR

Mailing Address:

604 SAN ESTEBAN

Telephone:

Fax

Other

Email

@

Architect(s)/Engineer(s)/Contractor(s):

DUBENS POZA

Architect(s)/Engineer(s)/Contractor(s) Mailing Address:

1900 FERDINAND ST.

Telephone:

726.204328

Business

Fax

Other

305 / 266.4328

Email

DR POZA

@

DRPOZA@com

Project Information

Project Description(s):

NEW DETACHED CARPORT, NEW PROPERTY
LINE WALL / FENCE, SELECTIVE WINDOW & INTERIOR
REMODEL

Estimated project cost*:

INCLUDING INTERIOR \$95,000

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

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

N/A



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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.

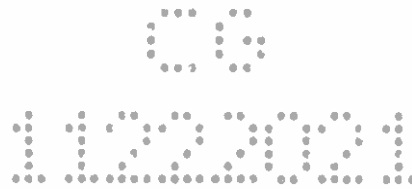
NOTE: ONLY ONE SIGNATURE OR AFFIRMATION/CONSENT IS REQUIRED

Agent/Owner Print Name: <u>Albert Pozo</u>		Agent/Owner Signature: <u>[Signature]</u>	
Address: <u>1900 PERDUE BLVD S. C.S. FL 33134</u>			
Telephone: <u>305-266-4328</u>		Fax: <u>305-266-4328</u>	
Email: <u>APPOZO@APPOZO.COM</u>			
Architect(s)/Engineer(s)/Contractor(s) Print Name: <u>Albert Pozo</u>		Architect(s)/Engineer(s)/Contractor(s) Signature: <u>[Signature]</u>	
Address: <u>SAME</u>			
Telephone: <u>SAME</u>		Fax: <u>SAME</u>	
Email: <u>SAME</u>			
ARCHITECT'S/ENGINEER'S SEAL STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>19</u> day of <u>11</u> in the year 20 <u>21</u> by <u>Albert Pozo</u> who has taken an oath and is personally known to me or has produced <u>Personally Known</u> as identification. My Commission Expires: <u>6/21/22</u>		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: _____	
 SEBASTIAN ENRIQUE RAMOS Notary Public - State of Florida Commission # GG 231092 My Comm. Expires Jun 21, 2022 Bonded through National Notary Assn.		Notary Public	

A.R. POZA

ARCHITECT, INC.

Architecture
Interior Design
Construction Management



November 19, 2021

City of Coral Gables Board of Architects
405 Biltmore Way
Coral Gables, FL 33134

Ref: Fabar Residence Addition and Remodeling – 604 San Esteban Avenue, Coral Gables, FL 33146

Letter of Intent

Dear Board Members,

The proposed Design to this Property does not alter the proportions or design intent of the Residence.

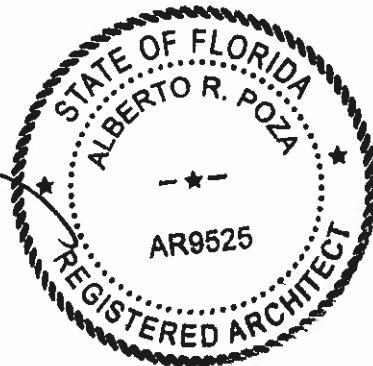
Additions include a new rear entrance one car Porte-Cochere, new front property line fence, modified (Code compliant) driveway, exterior rear area elevation enhancements, selective new impact windows and exterior doors and Interior Remodeling.

Architecturally, the addition, fence and remodeling use the same materials details and finishes as the existing residence, appearing as it was all part of the original.

The Design respects the existing residence, while enhancing it, without overwhelming its aesthetics or scale.

Sincerely,

Albert Poza, R.A.



NCARB • FL AR 0009525
AA26003155

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Coral Gables, FL 33134
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