

AB19094369



# 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: 155 Cocoplum Rd Coral Gables, FL 33143  
 Property/Project Name: Cocoplum Residence  
 Legal description: Lot(s) 69 & 70  
 Block(s) 4 Section(s) 1 PLB  
 Folio No. 03-4132-010-0100

Owner(s): Jonas Nilsson, SARA GOFF  
 Mailing Address: 33 FERRY LANE WESTPORT, CT 06880  
 Telephone: 305 770 6100 Fax \_\_\_\_\_  
 Other \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Architect(s)/Engineer(s)/Contractor(s): William Arthur  
 Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 2920 Ponce de Leon Blvd Coral Gables FL 33134  
 Telephone: \_\_\_\_\_ Business 305 770 6100 Fax \_\_\_\_\_  
 Other \_\_\_\_\_ Email info @ whaiiv.us

## Project Information

Project Description(s): Complete replacement of existing rear accessory building for a new 2-level addition with extension on west side for 2 car garage  
 Estimated project cost\*: \$750,000 1,025 sq ft addition  
 (\*Estimated cost shall be +/- 10% of actual cost)  
 Date(s) of Previous Submittal(s) and Action(s): \_\_\_\_\_



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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/Contractor Print Name: <b>YAILYN BARRERA</b>		Agent/Owner/Contractor Signature: <i>[Signature]</i>	
Address: <b>2920 Ponce de Leon Blvd Coral Gables FL 33134</b>			
Telephone: <b>305 270 16100</b>	Fax:	Email: <b>info@whaiv.us</b>	
	Architect(s)/Engineer(s) Print Name:		Architect(s)/Engineer(s) Signature: <i>[Signature]</i>
	Address: <b>WHA Architect, Inc. 2920 Ponce de Leon Blvd Coral Gables, Florida 33134-6811</b>		
	Telephone:		Fax:
	Email:		
	ARCHITECT'S/ENGINEER'S SEAL		

### NOTARIZATION

STATE OF FLORIDA )

ss  
COUNTY OF MIAMI-DADE )

Sworn to or affirm and subscribed before me this 20<sup>th</sup> day of September, in the year 20 19

by William Hamilton Arthur IV who has taken an oath and is personally known to

me or has produced personally known as identification

My Commission Expires: *[Signature]*  
Notary Public

