



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: 4840 BILTMORE DRIVE CG 33146

Property/Project Name: ADDITION AND REMODELING

Legal description: Lot(s) LOT 14 AND PORTION OF LOT 13

Block(s) 42 Section(s) RIVIERA SECTION PART 2

Folio No. _____

Owner(s): JORGE AND PATRICIA LIBRA

Mailing Address: 4840 BILTMORE DRIVE C.G. FL 33134

Telephone: _____ Fax _____

Other _____ Email _____ @ _____

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

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 1108 OBISPO AVE

Telephone: 305 726 3748 Business _____ Fax _____

Other _____ Email PKILIDDJIAN @ GMAIL.COM

Project Information

Project Description(s): ADDITION AND REMODELING OF EXISTING RESIDENCE, NEW DRIVE WAY, POOL REMODELING, NEW ROOF STRUCTURE, NEW WINDOWS, PARTIAL DEMOLITION

Estimated project cost*: ~~350,000~~ 450,000 (PER P. KILIDDJIAN)

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

Date(s) of Previous Submittal(s) and Action(s): NONE



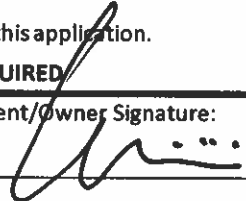
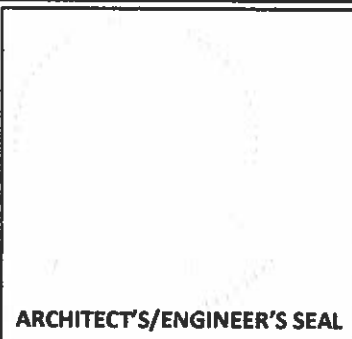
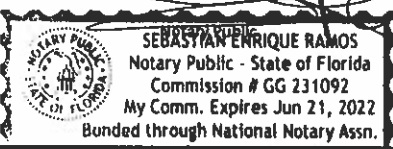
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Applicant/Owner/Architect/Engineer Affirmation and Consent

(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: PETER KILIDDJIAN		Agent/Owner Signature: 	
Address: 1108 OBISPO AVE C.G. FL 33134			
Telephone: 305 726 3748		Fax:	Email: PKILIDDJIAN@GMAIL.COM
	Architect(s)/Engineer(s)/Contractor(s) Print Name: PETER KILIDDJIAN		Architect(s)/Engineer(s)/Contractor(s) Signature:
	Address:		
	Telephone: SAME		Fax:
	Email: SAME		
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 <u>7</u> day of <u>5</u> in the year 20 <u>21</u> by <u>PETER KILIDDJIAN</u> who has taken an oath and is personally known to me or has produced as identification. My Commission Expires: _____ 	

PPK ARCHITECTS

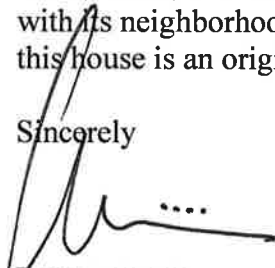
1330 NW 84TH AVE
MIAMI, FLORIDA 33126

ARCHITECTURAL STYLE STATEMENT AND AFFIDAVIT

May 5, 2021
Coral Gables Board of Architects
407 Biltmore Way
Coral Gables Florida, 33134

The proposed residence for 4840 Biltmore Drive has been envisioned as a one story contemporary American home in a Transitional style. Our approach borrows elements from both modern and traditional architecture to create a cohesive design that facilitates modern living for the homeowner. The plan uses an entry courtyard as a receiving element, that both invites the visitor, and provides privacy for the owner. The open plan layout captures the outside views of the pool and lawn areas that overlook the Coral Gables Waterway. The one-story massing is straightforward, with uncomplicated roof lines, and subdued detailing, that employs the use of stone, wood, and stucco as a unifying element. We hope to achieve a design that is harmonious with its neighborhood, and functions within modern programmatic requirements. The design of this house is an original design. It does not duplicate any existing building.

Sincerely



Peter Kiliddjian