

- Note :
- REUSE EXISTING DOORS
  - Replace ceiling tiles & frames
  - Replace floor carpet.
  - Replace ceiling (2x4) lights
  - Replace Air condit. unit (machines) only.
  - Replace old Receptical/Electrical outlet & switch
  - Repaint walls.

→ EXIT sign  
 ✕ EMERGENCY Lights

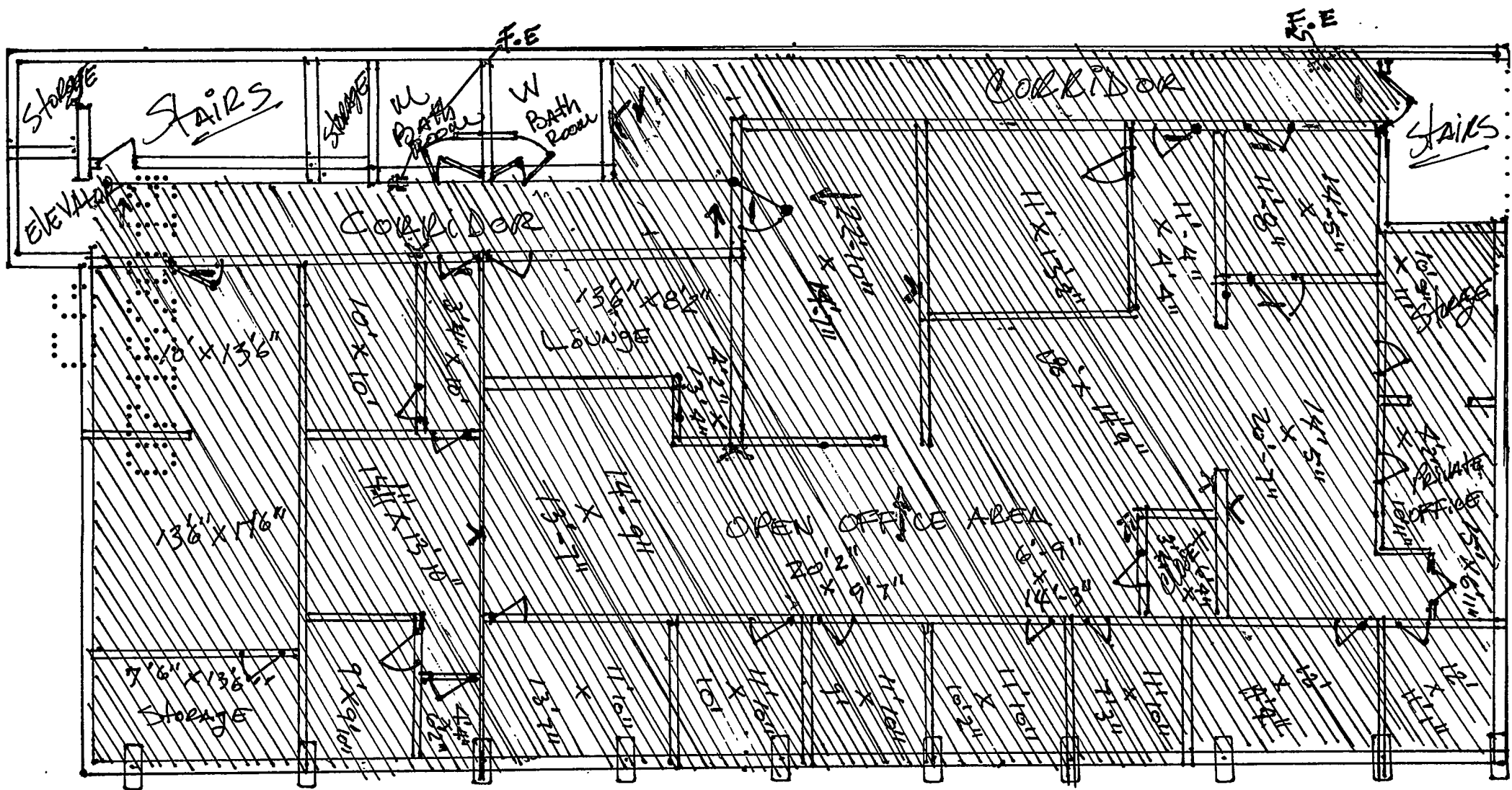
F.E  
 \* FIRE EXTINGUISHER

2<sup>nd</sup> Floor Plan  
 3195 PONCE DE LEON. BLVD.  
 CORAL GABLES.

(OFFICE SPACE).

Note:

\* FIRE ALARM Syst. & Sprinkler Syst.  
 REMAINS THE SAME. (NO CHANGES).

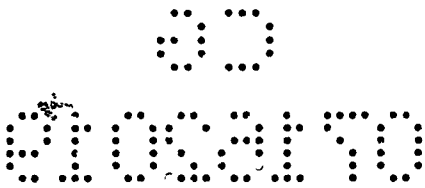


Note:

- RE USE EXISTING DOORS.
- REPLACE ceiling tiles.
- REPLACE floor CARPET.
- REPLACE Ceiling lights
- REPLACE old for New (Electrical outlet & Switch (OFFICE SPACE))
- → Exit light
- X EMERGENCY lights
- \* F.E. FIRE EXTINGUISHER

3<sup>rd</sup> FLOOR PLAN  
 3195 Ponce de LEON.  
 CORAL GABLES

\* Note: FIRE Alarm & Sprinkler Syst.  
 REMAINS THE SAME. (NO CHANGES).



3pgs

City of Coral Gables  
Development Services

# OFFICE SET



**BL-19-07-4980**

3195 PONCE DE LEON BLVD #

Folio #: 03-4117-005-8870  
Permit Description: COMMERCIAL INTERIOR  
DEMOLITION (2ND AND 3RD FLOOR) \$60,000

EL 19074995  
ME N/A  
PL N/A

USE AND OCCUPANCY \_\_\_\_\_  
OCCUPANT LOAD \_\_\_\_\_  
BUILDING CODE \_\_\_\_\_ VERSION \_\_\_\_\_  
CONSTRUCTION TYPE \_\_\_\_\_

RESIDENTIAL \_\_\_\_\_ NON-RESIDENTIAL \_\_\_\_\_

INDICATE THE TYPE OF FLOOD ZONE AND  
PROPOSED LOWEST FLOOR ELEVATION OR  
FLOOD PROOFING ELEVATION IN RELATION TO  
MEAN SEA LAND LEVEL (M.S.L.)

	DISTRICT	REQUIRED	PROPOSED
CHH	_____	_____	_____
SFH	_____	_____	_____
OTHER	_____	_____	_____

NEW CONSTRUCTION	SUBSTANTIAL IMPROVEMENT
YES _____	YES _____
NO _____	NO _____

**Special Inspector required  
for the following:**

- Special Inspector for PILING
- Special Inspector for REINFORCED MASONRY
- Special Inspector for \_\_\_\_\_

Section	Approved	
	By	Date
<input checked="" type="checkbox"/> BUILDING	<i>Refd</i>	7/17/19
<input type="checkbox"/> CONCURRENCY		
<input checked="" type="checkbox"/> ELECTRICAL	<i>OM</i>	7/17/19
<input type="checkbox"/> FEMA		
<input checked="" type="checkbox"/> FIRE	<i>A</i>	8/27/19 <i>R 7/22/19</i>
<input type="checkbox"/> HANDICAP		
<input type="checkbox"/> HISTORICAL		
<input type="checkbox"/> LANDSCAPE		
<input checked="" type="checkbox"/> MECHANICAL	<i>waived</i>	<i>Hester</i>
<input checked="" type="checkbox"/> PLUMBING	<i>waived</i>	7/18/19
<input type="checkbox"/> PUBLIC WORKS		
<input type="checkbox"/> STRUCTURAL		
<input type="checkbox"/> ZONING		
<input type="checkbox"/>		
<input type="checkbox"/> OWNER BUILDER		

Subject to compliance with all Federal, State, County and  
City rules and regulations. City assumes no responsibility  
for accuracy of/or results from these plans.  
THIS COPY OF PLANS MUST BE AVAILABLE ON  
BUILDING SITE OR AN INSPECTION WILL NOT BE  
MADE.

APPROVAL OF THIS SET OF PLANS DOES NOT  
CONSTITUTE APPROVAL OF ANY STRUCTURE OR  
CONDITION NOT IN COMPLIANCE WITH ANY  
APPLICABLE CODES

**BL-19-07-4980**

