



# Board of Architects Review Application



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Phone: 305.460.5245

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: 2622 San Domingo Street  
Property/Project Name: San Domingo Residence Renovation  
Legal description: Lot(s) 7 and the South 1/2 of Lot 6  
Block(s) 19 Section(s) Coral Gables, Section D  
Folio No. 03-4118-002-1690

Owner(s): Monica Tirado and Alejandro J. Tirado  
Mailing Address: 2622 San Domingo St, Coral Gables, FL 33134  
Telephone: 305-915-8483 Fax 305-390-2321  
Other 305-606-2890 Email MT@TLTirado.com

Architect(s)/Engineer(s)/Contractor(s): Stuart Debowsky / Debowsky Design Group  
Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 14301 SW 74th Ct, Palmetto Bay, FL 33158  
Telephone: 305-495-2751 Business \_\_\_\_\_ Fax \_\_\_\_\_  
Other \_\_\_\_\_ Email Stuart@debowsky.com

## Project Information

Project Description(s): Minor renovations, addition, pool, move septic to front  
Estimated project cost\*: \$203,576  
(\*Estimated cost shall be +/- 10% of actual cost)  
Date(s) of Previous Submittal(s) and Action(s): N/A



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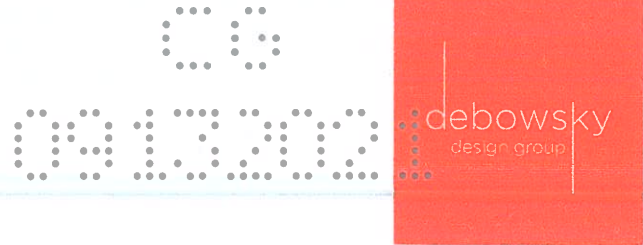
## Applicant/Owner/Architect/Engineer Affirmation and Consent

(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>Monica Tirado</u>		Agent/Owner Signature: 	
Address: <u>2622 San Domingo St, Coral Gables, FL 33134</u>			
Telephone: <u>305-915-8483</u>		Fax: <u>305-390-2321</u>	Email: <u>MT@TLTirado.Com</u>
<b>ARCHITECT'S/ENGINEER'S SEAL</b>	Architect(s)/Engineer(s)/Contractor(s) Print Name:		Architect(s)/Engineer(s)/Contractor(s) Signature:
	Address:		
	Telephone:		
	Fax:		
Email:			
STATE OF FLORIDA ) ss COUNTY OF MIAMI-DADE )  Sworn to or affirmed and subscribed before me this <u>26<sup>th</sup></u> day of <u>Aug.</u> in the year 20 <u>21</u> by <u>Monica Tirado</u> who has taken an oath and is personally known to me or has produced as identification.  My Commission Expires: <u></u> Notary Public		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	



September 1, 2021

Coral Gables Building Department  
Coral Gables City Hall  
405 Biltmore Way  
Coral Gables, FL 33134

RE: **Tirado**  
**2622 San Domingo Street**  
**Coral Gables, FL 33134**

To Whom It May Concern:

It is our profound pleasure to submit the attached documents for the Board of Architects' review. Our clients, Mr. & Mrs. Tirado, hired us to compliment the existing "classical" style with symmetrical 2-story wings; one to house bathrooms for their children and the other to plan for a proper garage and main bathroom addition.

The windows and doors, along with the stucco and roof, will continue in the same spirit as the existing home. Our proposal is only meant to provide more space for the family; the home intends to sit quietly on the street as it always has. The requested improvements are more of the same style and the maximization of a tranquil property.

Please do not hesitate to contact me with further questions or concerns.

Respectfully,

Stuart M. Debowsky, AIA, LEED AP®  
Principal, Debowsky Design Group, P.A.

AR94898

ARCHITECTURE   ▢   PLANNING   ▢   INTERIORS