



04

**Board of Architects Review Application**

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: 450 Casuarina Concourse, Coral Gables Fl

Property/Project Name:

LOT 11 BLOCK A of Gables Estates No 2, Plat Book 60, Page 37

Legal description: Lot(s)

Block(s) Section(s)

Folio No. 03-4132-019-0110

Owner(s): Mr. Alejandro Vazquez

Mailing Address: 5600 SW 87th Street, Miami, FL 33143

Telephone: 305-310-8586

Fax

Other Email alvaz3@aol.com

Architect(s)/Engineer(s)/Contractor(s): Miami Architectural Studio

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 7910 NW 25th Street, Suite 200, Doral fl 33122

Telephone: 305-593-9969 Business Fax

Other Email jennifer@mas.miami

**Project Information**

Project Description(s): New one story single family residence  
 Total A/C & non A/C Area of 13,687 square feet.

Estimated project cost\*: \$1,980,000.00

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

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



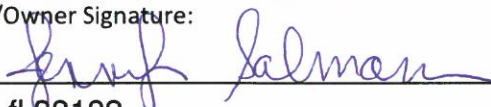
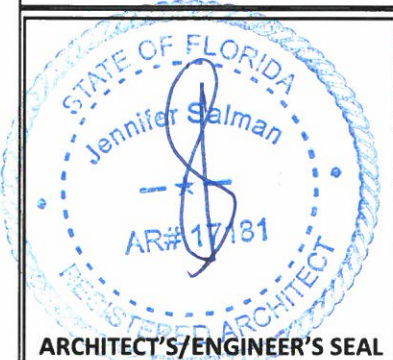
# Board of Architects Review Application

## 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: <b>Jennifer Salman</b>		Agent/Owner Signature: 	
Address: <b>7910 NW 25th Street, Suite 200, Doral FL 33122</b>			
Telephone: <b>305-593-9969</b>	Fax:	Email: <b>jennifer@mas.miami</b>	
 <p><b>ARCHITECT'S/ENGINEER'S SEAL</b></p>	Architect(s)/Engineer(s)/Contractor(s) Print Name:		Architect(s)/Engineer(s)/Contractor(s) Signature:
	Address: <b>7910 NW 25th Street, Suite 200, Doral FL 33122</b>		
	Telephone: <b>305-593-9969</b>		Fax:
	Email: <b>jennifer@mas.miami</b>		
	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		



July 28<sup>th</sup>, 2021

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

**Re: 450 Casuarina Concourse, Coral Gables, Florida**

To Whom it May Concern:

Please let this letter serve as our certification that this building is an original design. It is not a duplicate on an existing building.

The architectural design style is Florida Vernacular.

Regards

Sincerely,

A handwritten signature in blue ink that reads 'Jennifer Salman'.

Jennifer Salman, A.I.A.  
Miami Architectural Studio, LLC