



## **Board of Architects Review Application**

Phone: 305.460.5238 Email: boardofarchitects@coralgables.com

Application	n Re	que	st						
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 / Add	itions		
	2.	V	Preliminary Approva	al					
		H	Coral Gables Medite	erranean Style	Design	Standards Bonus A	Approval		
			Final Approval				4		
Property Information									
Street Address of the Subject Property: 7810 Altamira Street  Property/Project Name: Residence at 7810 Altamira Street									
									Legal description: Lot(s) HIGH LAND ESTS PB 51-83
Block(s) LOT 9 BLK 1 Section(s)									
Folio No. 03-4132-004-0080									
			30,112.5						
Owner(s): Jeffr	ey Ya	anes							
Mailing Address: 195 Solano Prado Coral Gables FL 33156									
Telephone:	305 525 0941				Fax _	_ Fax			
	Other				Ema	<sub>iil</sub> jeff	@ purebeautyfarms.com		
Architect(s)/Engineer(s): Miami Architectural Studio									
Architect(s)/Engineer(s) Mailing Address: 7910 NW 25 Street Suite 200 Doral, FL 33122									
Telephone:	Business 305 593 9969				Fax				
	Other	305	302 0290		Ema	<sub>il</sub> jennifer	<sub>@_</sub> mas.miami		
Project In	form	atio	n						
Project Description(s): New two story single family residence with a total A/C and non A/C area of 10,415 sq. ft.									
Estimated project	t cost*	2,50	00,000.00						
(*Estimated cost shall be +/- 10% of actual cost)									
Date(s) of Previous Submittal(s) and Action(s): N/A First submittal									



## **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/Contractor Print Na	ame:		Agent/Owner/Contractor Signature							
Jennifer Salman			Leunh Salm							
Address: 7910 NW 25 Street Suite 200										
Telephone: 305 302 0290	Fax:			Email: jennifer@mas.miami						
STATE OF FLOR	Architect(s)/Engineer(s) Print Name Jennifer Salman			Architect(s)/Engineer(s) Signature:						
Jennifer Salma	Address: 7910 NW 25 Street Suite 200									
R. 4R* 1>10	Doral, FL 33122									
Potion of	Teleph	one: 305 302 0	290	Fax:						
ARCHITECT'S TENGINEER'S SEAL	Email: jennifer@mas.miami									
NOTARIZATION										
STATE OF FLORIDA ) ss										
COUNTY OF MIAMI-DADE ) Sworn to or affirm and subscribed before me this 10 day of August in the year 20 21										
by Tennifer M. Salman who has taken an oath and is personally known to										
me or has produced $na$ as identification.										
My Commission Expires:  MY COMMISSION # GG 288105  EXPIRES: April 30, 2023  Notary Public Underwriters										



August 10, 2021

City of Coral Gables

**Board of Architects** 

427 Biltmore Way

Coral Gables, FL 33134

**RE: 7810 ALTAMIRA STREET** 

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 of an existing building.

The architectural design style is Florida Transitional.

Sincerely,

Jennifer Salman, A.I.A.

Partner