

**HISTORIC PRESERVATION PROPERTY TAX EXEMPTION APPLICATION
PART 1 - PRECONSTRUCTION APPLICATION**

Instructions: Read the attached instructions carefully before completing this application. In the event of any discrepancy between the application form and other supplementary material submitted with it (such as architectural plans and specifications), the application form shall take precedence. Type or print clearly in black ink. If additional space is needed, attach additional sheets.

I. PROPERTY IDENTIFICATION AND LOCATION

Historic/Site Name: CASA AZUL

Property Address: 1254 CORAL WAY

Folio Number: 03-418-002-0020 Plat Book: 25 Page Number: 74

Legal Description (attach additional sheets if necessary): LOTS 3 and 4, BLOCK 1
Lot, Block, Subdivision and Section)

CORAL GABLES SECTION "D"

* **Attach: Public Value Inquiry which can be obtained at the Dade County Property Appraiser's Office, 111 NW 1st Street, Suite 710, Miami, Florida (305) 375-1212**

- Designated as a local historic landmark
- Designated as a contributing structure within a local district
- Listed in the National Register of Historic Places
 - Individual listing
 - Contributing structure in the district
 (Attach the local historic designation report or the National Register Nomination)

2011 JUL 14 PM 1:15
CITY OF CORAL GABLES
HISTORICAL RECORDS

II. OWNER INFORMATION

Name of individual(s) or organization owning the property:
GEORGE JAILE WIFE YELINE

Mailing Address: 1254 CORAL WAY

City: CORAL GABLES State: FL Zip: 33134

Contact Person: _____

Daytime Telephone Number: 305 775-4959 305 798-6566

E-mail: geojaile@aol.com Fax: _____ Other: _____

If property is in multiple ownership please attach a list of all owners and their mailing addresses.

III. CURRENT PHYSICAL DESCRIPTION OF PROPERTY

A. General Information - History

Original Architect/Designer: H. GEORGE FINK Original Date of construction: 1924

Architectural Style: MASONRY VERNACULAR (CORAL ROCK)

Alterations: Provide date and description of physical alterations to the property (for example, "casement windows replaced with jalousie type, approximately 1974")

Additions: Provide date and description of any additions that may have been made. (For example, "east bedroom-rear added, 1974")

TERRACE ADDITION TO THE REAR OF ORIGINAL STRUCTURE IN 1948. MINOR INTERIOR WORK WAS ALSO COMPLETE AT THAT TIME.

1954 - BATHROOM

1960. ADDITION WEST SIDE PORTE-COCHERE, LAUNDRY ROOM

B. Exterior

Exterior construction Materials: CORAL ROCK STONE

Type of Roof

- Hip
- Gable
- Flat
- Parapet
- Other

Material

- Shingle
 - wood
 - asphalt
 - slate
 - concrete
- Tile
 - clay barrel
 - s-type
- Metal
 - copper
 - tin
 - aluminum
- Other

GLAZE BLUE TILE

Number of stories: 1

Basic Floor Plan:

- Rectangle
- Square
- "L"-shaped
- "H"-shaped
- "U"-shaped
- Irregular
- Other

List Distinguishing Exterior Architectural Features (e.g.: placement and type of windows; chimneys; porches; etc.)

THE MAIN STRUCTURE IS OF CORAL ROCK, HIPPED
ROOFS, DECORATIVELY SHAPED PARAPETS AND SASH
WOOD WINDOWS, GABLED ENTRY SUPPORTED BY
WOODEN BRACKETS, COVERS THE FRONT PORCH.
A PREDOMINANT CHIMNEY, AND A PORTE COCHERE

III. CURRENT PHYSICAL DESCRIPTION OF PROPERTY cont.

C. Interior

Distinguishing features (e.g.: decorative molding-dining room; limestone fireplace- living room; etc.)

CORAL ROCK FIREPLACE IN THE LIVING ROOM
WITH DECORATIVE MOLDINGS AROUND THE
SASH WOOD WINDOWS

D. Auxiliary Structures – Landscape Features

Describe the present appearance of any auxiliary structures on the property (e.g.: out buildings; detached garages; etc.)

A DETACHED AUXILIARY STRUCTURE IS LOCATED
IN THE SOUTHEAST CORNER OF THE
PROPERTY. AN ADDITION WAS CONSTRUCTED TO
THE NORTH IN 1960. IT HAS BEEN STUCCOED OVER

IV. DESCRIPTION OF PROPOSED IMPROVEMENTS

All improvements to historic properties will be evaluated for their consistency with the current Secretary of Interior's Standards for Rehabilitation. Staff report(s) are appended to this application. Applications must contain sufficient information to enable those judgments and will be returned if incomplete and/or for insufficient documentation. The application must include labeled photographs of both the interior and exterior of the property that describe the property and its characteristics. Black and white or color photographs are acceptable; minimum size of photograph is 3" x 5".

Use of the building before improvements: HOME

Use of the building after the improvements: HOME

Estimated project start date: _____

Estimated value of improvements/restoration: _____

Certificate of Appropriateness case file(s): _____

Type of work proposed:

- Addition
- Alteration
- Upgrade
- Restoration
- Rehabilitation

A. Exterior Architectural Features

The following represents an itemization of work to be accomplished. List each principal elevation effect. Include a numbered photograph of each elevation or detail and plans or drawings. Please attach additional sheets if necessary.

Feature 1

Elevation (e.g.: north; south; east; west. Please specify principal facade):

NORTH PRINCIPAL FACADE

Photo number: 1 & 2

Plan number: _____

Describe work:

NO WORK IS BEING DONE TO THE MAIN FACADE BEHIND THE EAST SIDE PORTE-COCHERE THE ADDITION OF 2 BEDROOMS WITH A BALCONY AND DOUBLE TRENCH DOORS WHICH CAN BE SEEN FROM THE NORTH SIDE.

Feature 2

Elevation (e.g.: north; south; east; west. Please specify principal facade):

SOUTH BACK FACADE

Photo number: # 3

Plan number: _____

Describe work: A MASTER BEDROOM AND TERRACE
ADDITION

Feature 3

Elevation (e.g.: north; south; east; west. Please specify principal facade):

EAST SIDE FACADE

Photo number: # 4

Plan number: _____

Describe work: TWO BEDROOMS AND BATHROOM
ADDITION

B. Interior Architectural Features (use additional sheets if necessary)

Feature 1

Room: LIVING ROOM

Photo number: # 5

Plan number: _____

Describe work: NO WORK IS BEING DONE
CORAL ROCK FIREPLACE

Feature 2

Room: SUN PORCH

Photo number: # 6

Plan number: _____

Describe work: WINDOWS ARE BEING CHANGED
EXPOSED CORAL ROCK WILL REMAIN

Feature 3
Room: KITCHEN

Photo number: #7

Plan number:

Describe work:

NO WORK AT THIS TIME. IT HAS THE ORIGINAL BUTLER PANTRY CABINETS.

C. Landscape Features

Feature 1

Landscape plan e.g., trees and shrubbery, plants, walls, fountains, etc.

LIVE OAK TREE NORTH

Photo number: #8

Plan number:

Describe work:

LANDSCAPE WILL REMAIN THE SAME WITH ALL FOCUS ON THE LIVE OAK AS IT IS ONE OF THE OLDEST IN DADE COUNTY

Feature 2

Landscape plan e.g., trees and shrubbery, plants, walls, fountains, etc.

Photo number: _____

Plan number: _____

Describe work:

Feature 3

Landscape plan e.g., trees and shrubbery, plants, walls, fountains, etc.

Photo number: _____

Plan number: _____

Describe work:

V. **Owner attestation:** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above or that I am legally the authority in charge of the property. Further, by submission of this Application, I agree to allow access to the property by representatives of the City of Coral Gables Historic Preservation Office and the Dade County Historic Preservation Office or representatives of the appropriate official in which the property is located, for the purpose of verification of information provided in this application. I also understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the municipality and Dade County in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption.

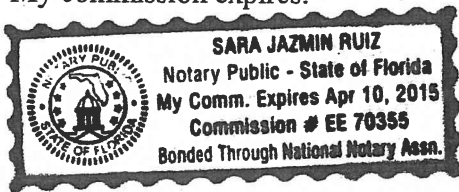
| | | |
|---------------------|--------------------|-------------------|
| <u>YELINE JAILE</u> | <u>[Signature]</u> | <u>07/08/2011</u> |
| Name | Signature | Date |
| <u>GEORGE JAILE</u> | <u>[Signature]</u> | <u>07/08/2011</u> |
| Name | Signature | Date |

Notarized:

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 8 day of July, 2011,
by George & Yeline JAILE (and) _____ who
is (are) personally known to me, or have produced _____, as
identification.

My commission expires:



[Signature]
NOTARY PUBLIC, STATE OF FLORIDA
Print Name: SARA JAZMIN RUIZ

Multiple owners must provide the same information as above. Use additional sheets if necessary.

V. continued OWNER ATTESTATION

Complete the following if an individual is signing for an organization:

Title Organization name

Social Security or Taxpayer Identification Number: _____

Mailing Address: _____

City State Zip Code

Daytime Telephone Number: _____

Notarized:
STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this _____ day of _____, _____,
by _____ (and) _____ who
is (are) personally known to me, or have produced _____, as
identification.

My commission expires:

NOTARY PUBLIC, STATE OF FLORIDA

Print Name: _____

**PRECONSTRUCTION APPLICATION REVIEW
FOR STAFF USE ONLY**

Folio Number 03-4118-002-0020

Street Address 1254 Coral Way
Coral Gables, FL 33134

The Historic Preservation Officer has reviewed **Part 1** (Pre-construction Application) of the Historic Preservation Property Tax Exemption Application for the above named property and hereby:

- Certifies that the above referenced property **qualifies** as a historic property consistent with the provisions of s.196.1997 (11), F.S.
- Certifies that the above referenced property **does not qualify** as a historic property consistent with the provisions of s. 196.1997 (11) F.S.
- Determines that the improvements to the above referenced property **are consistent** with the Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C.
- Determines the improvements to the above referenced property **are not consistent** with the Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in chapter 1S-38, F.A.C. all work not consistent with the referenced Standards, Guidelines and criteria is identified in the Review Comments.

Review comments:

Additional Review Comments attached? Yes No

Signature: 

Typed or printed name: DONA SPAIN

Title: HISTORIC PRESERVATION OFFICER

Date: JUNE 5, 2013



#1 NORTH



#2 NORTH



3 SOUTH



4 EAST



7 KITCHEN



8 LIVE OAK LANDSCAPE