

MIAMI-DADE COUNTY
HISTORIC PRESERVATION AD-VALOREM TAX EXEMPTION

2015 MAY 15 AM 11:35

RECEIVED
CITY OF CORAL GABLES
HISTORICAL RESOURCES

PART 1 – PRECONSTRUCTION APPLICATION

INSTRUCTIONS:

Type or print clearly in black ink. You may attach additional sheets if more space is needed.

I. PROPERTY IDENTIFICATION AND LOCATION

Historic/Site Name: _____

Property Address: 239 Sarto Ave., Coral Gables, FL 33134

Folio Number: 03-417-007-0710

Legal Description: Coconut Grove Sec 1-Coral Gables

Lots 41 & 42 and West 1/2 of lot 40.

Please check all that apply:

- Designated as a local historic landmark or site
 Designated as a contributing structure within a local district
 Individually listed in the National Register of Historic Places
 Is a contributing structure in a National Register District

Name of District _____

Please attach the designation report and resolution as proof the property is designated.

II. OWNER INFORMATION:

Name(s) of Owner(s): Venancio I. Torre & Wayra Palenque Torre

Mailing Address: 441 VALENCIA AVE PH

CORAL GABLES FL 33134

Phone: (305) 442-9494 2nd Phone: 305-332-5700

Email: venny@torrecompanies.com

If the property has multiple owners, please attach a list of all owners and their mailing addresses.

III. CURRENT PHYSICAL DESCRIPTION OF PROPERTY:

A. General Information

Date of Construction: 1941 Architect (if known): H. George Fink

Alterations: Please provide the date and description of any physical alterations to the property. [Example: Original casement windows were replaced with jalousie windows around 1974.]

ROOF REPLACEMENT 2005.

Additions: Please provide date and description of any additions which may have been made. [Example: A rear bedroom and bath were added to the house in 1981.]

NONE

B. Exterior Description

Roof Type: GABLE Roof Material: FLAT TILE (WHITE)
Example: hip, gable, flat, etc Example: barrel tile, asphalt shingle, etc

Number of Stories: 1 Detached Garage? (Y/N) NO

Basic Floor Plan: RECTANGULAR
Example: square, "L" shaped, "U" shaped, rectangular, irregular, etc

Main Window Type(s): CASEMENTS
Example: casement, fixed, single hung sash, jalousie, awning, etc

Siding Material(s): STUCCO (SMOOTH)
Example: stucco, wood frame, brick

Briefly describe any distinguishing Exterior Architectural Features:

[Example: the placement of the windows, chimneys, porches, columns, etc]

- FRONT PORCH W/ DECORATIVE ART DECO WROUGHT IRON/SCREENS
- SLUMP BRICK DETAILING @ FRONT OF HOUSE
- CORNICE TREATMENT

C. Interior

Please list any distinguishing **Interior Architectural Features** found in the home that are original to the house, by room: [Example: The dining room retains the original decorative crown molding and tile floor. The living room retains the original limestone fireplace.]

ORIGINAL DECORATIVE ART DECO FIREPLACE (HEARTH)
ORIGINAL OAK FLOORS
ORIGINAL SINGLE PANEL DOORS W/ FLUTED CASE MOLDINGS
SCREEN PORCH TILE FLOOR
IRON SCROLLS DECORATION @ SCREEN PORCH (ART DECO)

D. Auxiliary Structures

Please describe the present appearance of any auxiliary structures on the property, such as garages, cabanas, outbuildings, perimeter walls, etc.

NONE

IV. DESCRIPTION OF PROPOSED IMPROVEMENTS

All improvements to historic properties will be evaluated for their consistency with the Secretary of Interior Standards for Rehabilitation. The application must include labeled photographs of both the interior and exterior of the property which clearly show the property and its characteristics.

What was the original use of the building? SINGLE FAMILY RES.

What will the building be used for after improvements? SAME

What is the estimated start date of construction? JUNE 2015

What is the estimated completion date? SEPT 2015

What is the estimated cost of restoration/rehabilitation? 200,000

Briefly describe your project, including any proposed additions, upgrades and restorations.

A. EXTERIOR ARCHITECTURAL FEATURES

The following represents an itemization of work to be accomplished. List each principal architectural feature affected and describe the impact that restoration/rehabilitation will have on it. Label which elevation(s) contains that feature, and include a corresponding photograph for each. Please attach additional sheets if necessary.

FEATURE 1:

Elevation: **SOUTH**

Photo Number: **1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12**

Plan Number:

Describe Work and Impact on Existing Feature:

REPLACE WINDOW SHUTTERS WITH AUTHENTIC REPLACEMENT
REMOVE SOLAR PANELS ON ROOF, REPAIR ROOF. CHANGE WINDOWS
TO ALUM. CASEMENT TO MATCH EXISTING RESTORE SCREEN PORCH
RESTORE SCREEN DOOR, REFINISH WROUGHT IRON DECORATIVE
PANELS @ PORCH. PAINT HOUSE, RESTORE CORNICE MOLDINGS

FEATURE 2:

Elevation: **WEST (LEFT SIDE)**

Photo Number: **13, 14, 15, 16, 17**

Plan Number:

Describe Work and Impact on Existing Feature:

RESTORE/RECONSTRUCT SIDE PORCH ROOF OVERHANG AT DOOR
TO KITCHEN, RESTORE CRIB BLOCK OPENING @ GARAGE
PAINT WALLS AND STEPS.

RESTORE/REPAINT PORCH WINDOW
REMOVE AND REPLACE DRIVEWAY
STRIPS (CONCRETE)

FEATURE 3:

Elevation: **REAR ELEVATION (NORTH SIDE)**

Photo Number: **18**

Plan Number:

Describe Work and Impact on Existing Feature:

REMOVE HURRICANE SHUTTERS ON
WINDOWS REPLACE WINDOWS W/ NEW ALUMINUM CASEMENT
WINDOWS TO MATCH EXISTING. CUT WINDOW OPENING @
DINING TO MAKE DOOR OPENING TO REAR PATIO. ADDITION
TO MASTER BEDROOM. PAINT STRUCTURE AND ADDITION.

FEATURE 4:

Elevation: **EAST ELEVATION (RIGHT SIDE)**

Photo Number: **19, 20**

Plan Number:

Describe Work and Impact on Existing Feature:

REMOVE HURRICANE SHUTTERS, REPLACE WINDOWS W/
NEW ALUMINUM CASEMENT WINDOWS TO MATCH EXISTING
PAINT WALLS & TRIM OF BUILDING

B. INTERIOR ARCHITECTURAL FEATURES

FEATURE 1:

Room: **LIVING ROOM & DINING ROOM**
Photo Number: **21, 22, 23, 24, 25**
Plan Number:

Describe Work and Impact on Existing Feature:

REFINISH ALL DOORS, MOLDINGS AND TRIM THROUGHOUT. ADD NEW AIR CONDITIONING SYSTEM FOR HOUSE. REFINISH FIREPLACE MANTLE. REFINISH OAK FLOORS. RESTORE DOOR HARDWARE. NEW MASTER WING AND CLOSET TO MATCH HOUSE

FEATURE 2:

Room: **BATHROOMS**
Photo Number: **26, 27**
Plan Number:

Describe Work and Impact on Existing Feature:

RESTORE TILE (FLOOR WALLS) AT HALL BATH; REFINISH BATHUB RESTORE WALLS, NEW LIGHTING AND MEDICINE CABINET AND INSTALL NEW PLUMBING FIXTURES AND TOILET. DEMO OLD MASTER BATH AND REPLACE W/ NEW HISTORICALLY

FEATURE 3:

Room: **KITCHEN**
Photo Number: **28, 29**
Plan Number:

CORRECT AT NEW WING @ REAR

Describe Work and Impact on Existing Feature:

REPLACE KITCHEN CABINETRY WITH HISTORICALLY CORRECT NEW CABINETS TO MATCH EXISTING. NEW CHECKERED TILE FLOOR. REFINISH WALLS AND CEILING. NEW LIGHTS.

FEATURE 4:

Room:
Photo Number:
Plan Number:

Describe Work and Impact on Existing Feature:

C. LANDSCAPE FEATURES

Please list any restorative work to be done to **original landscape features**, including pathways, walls, fountains, etc. Include a site plan or sketch if necessary.

FEATURE 1:

Photo Number: 30, 31

Describe Work and Impact on Existing Feature:

INSTALL NEW HEDGES AND ACCENT PLANTING
RESOD AS NECESSARY.

FEATURE 2:

Photo Number:

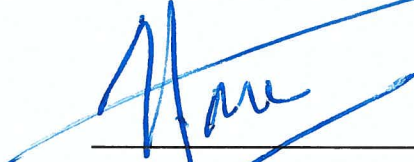
Describe Work and Impact on Existing Feature:

FEATURE 3:

Photo Number:

Describe Work and Impact on Existing Feature:

OWNER ATTESTATION: I hereby attest that the information provided in this application 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 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 Miami-Dade County in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption.



Print Name

(YENNY)
YENNY TORRE 5.12.15

Signature Date

**[Please attach the photographic documentation on subsequent pages.
Submit a copy of all photographs to County staff on a CD as well, if possible.]**

PRE-CONSTRUCTION APPLICATION REVIEW
TO BE FILLED OUT BY THE
LOCAL HISTORIC PRESERVATION OFFICER

Street Address of property 239 SARTO AVE, CORAL GABLES 33134

Folio number 03-4117-007-0710

The local Historic Preservation Officer has reviewed Part 1 (Preconstruction 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 improvements to the above referenced property are consistent with the Secretary of Interior Standard's for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C.

Determines that improvements to the above referenced property are not consistent with the Secretary of Interior Standard's for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C.

Please list any Review Comments here:

Additional Review Comments attached? Yes No

Signature: _____

Typed or printed name: _____

Title: _____

Date of Review: _____

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Photo: 2



Photo: 3

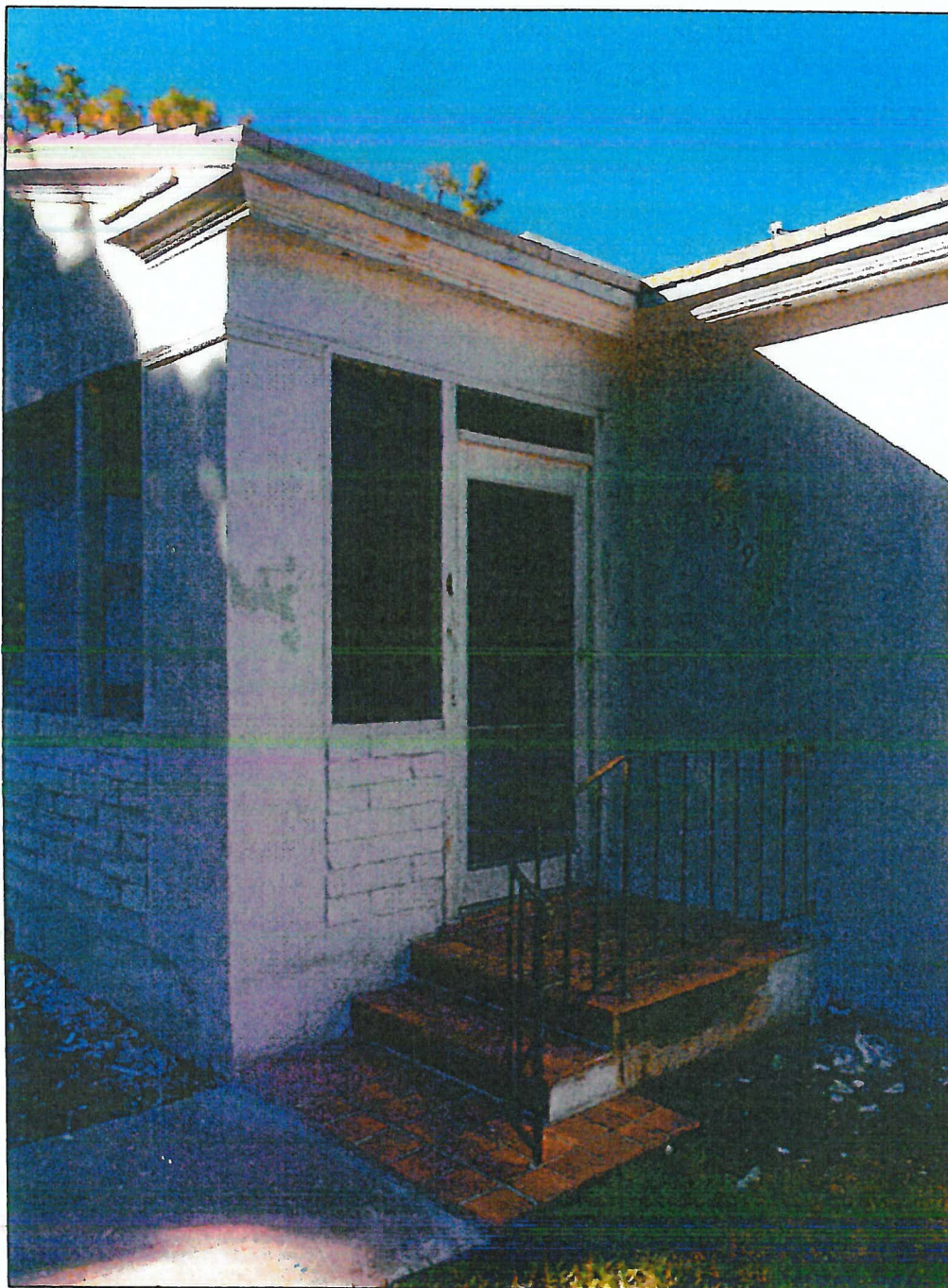


Photo: 4

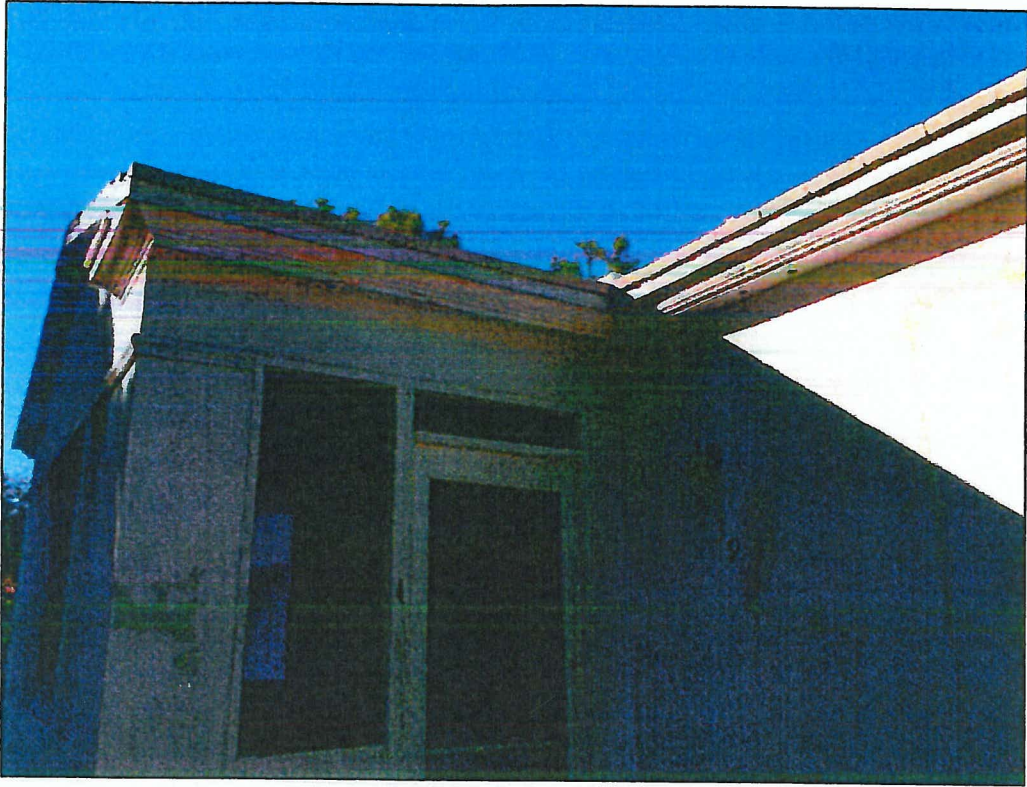


Photo: 5



Photo: 6



Photo: 7



Photo: 8



Photo:10







WEST SIDE

Photo: 13

2014 AUG 13 PM 3:05

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Photo: 14

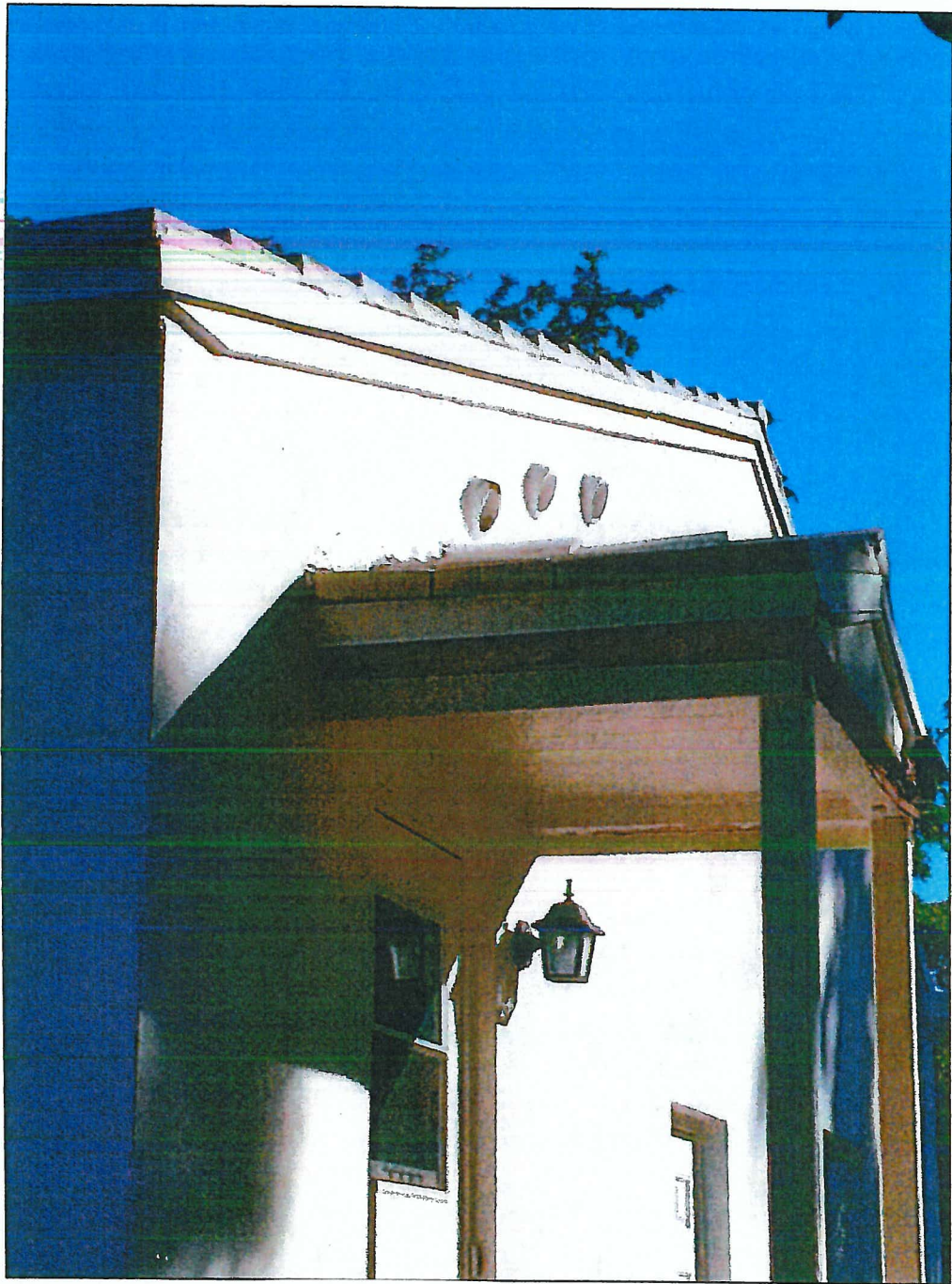


Photo:15

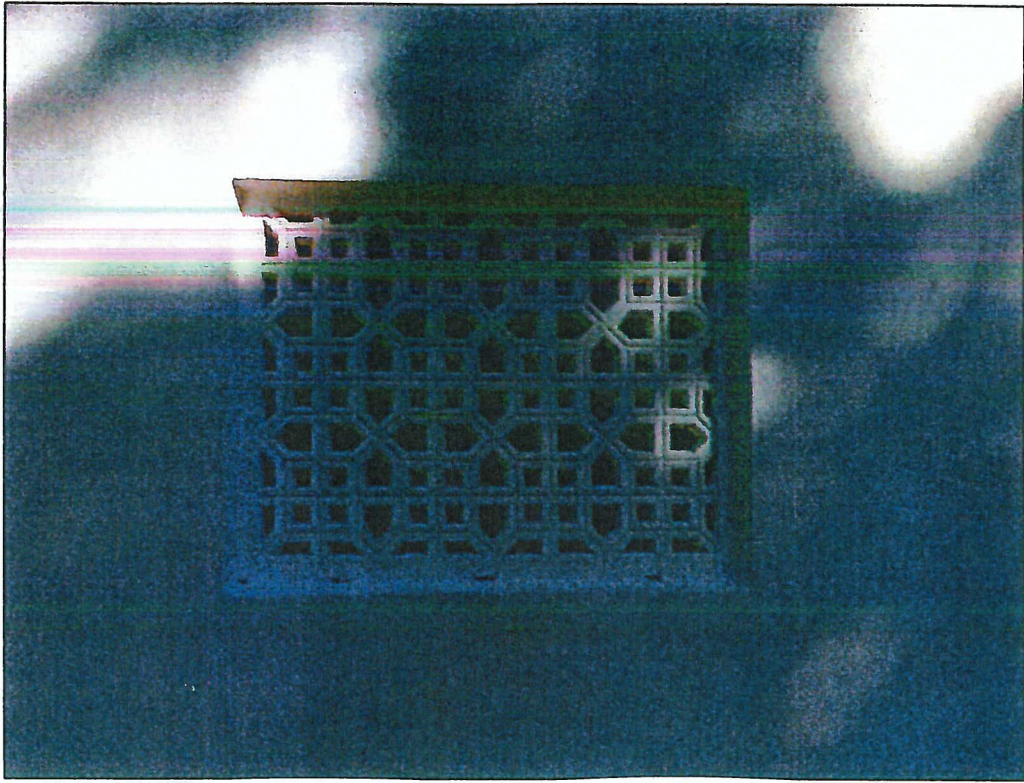


Photo: 16



Photo: 17



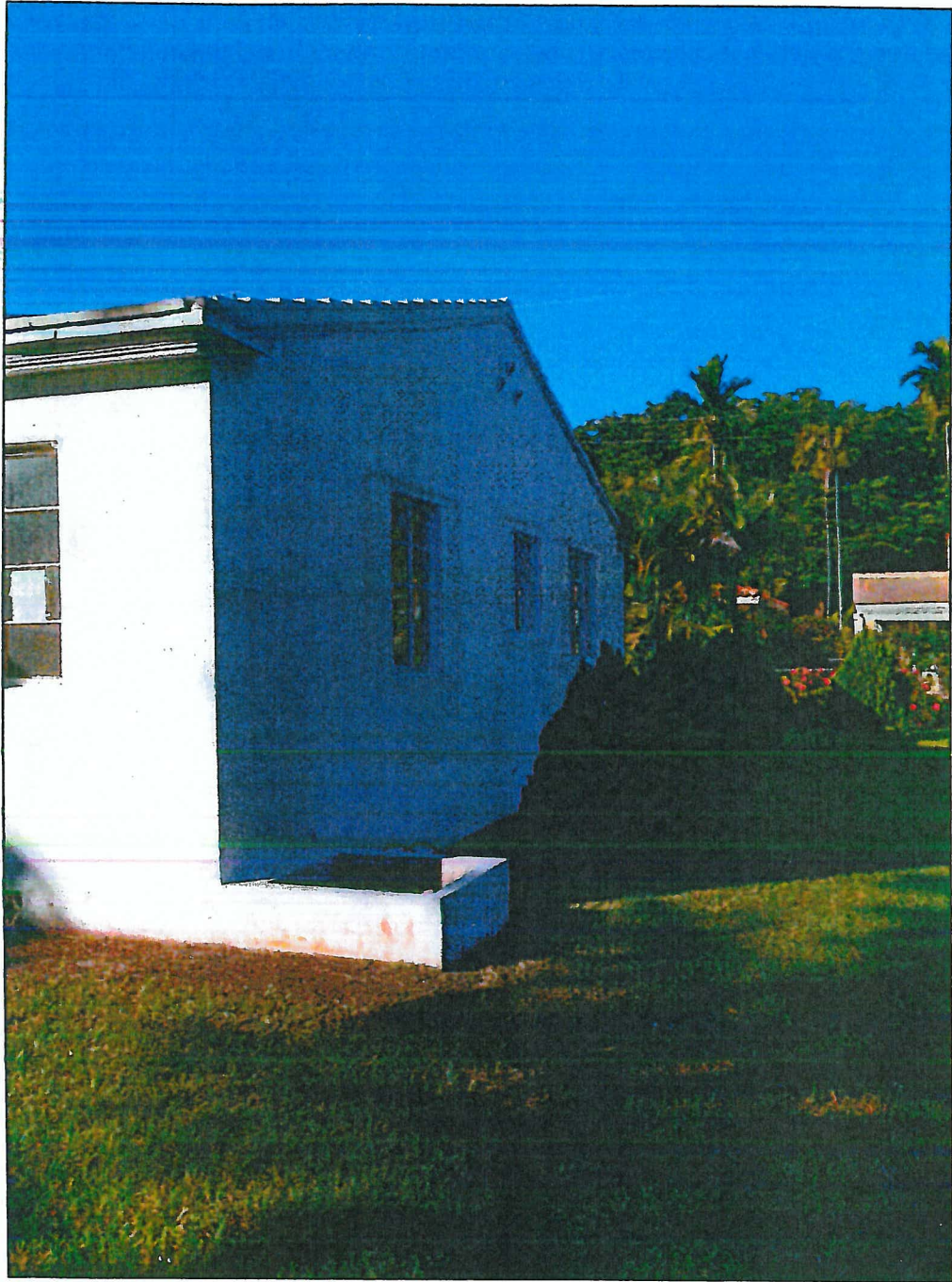


Photo: 19





Photo: 21



Photo: 22

Photo: 23





Photo: 25



Photo: 26



Photo: 27



Photo: 28



Photo: 29



Photo: 30



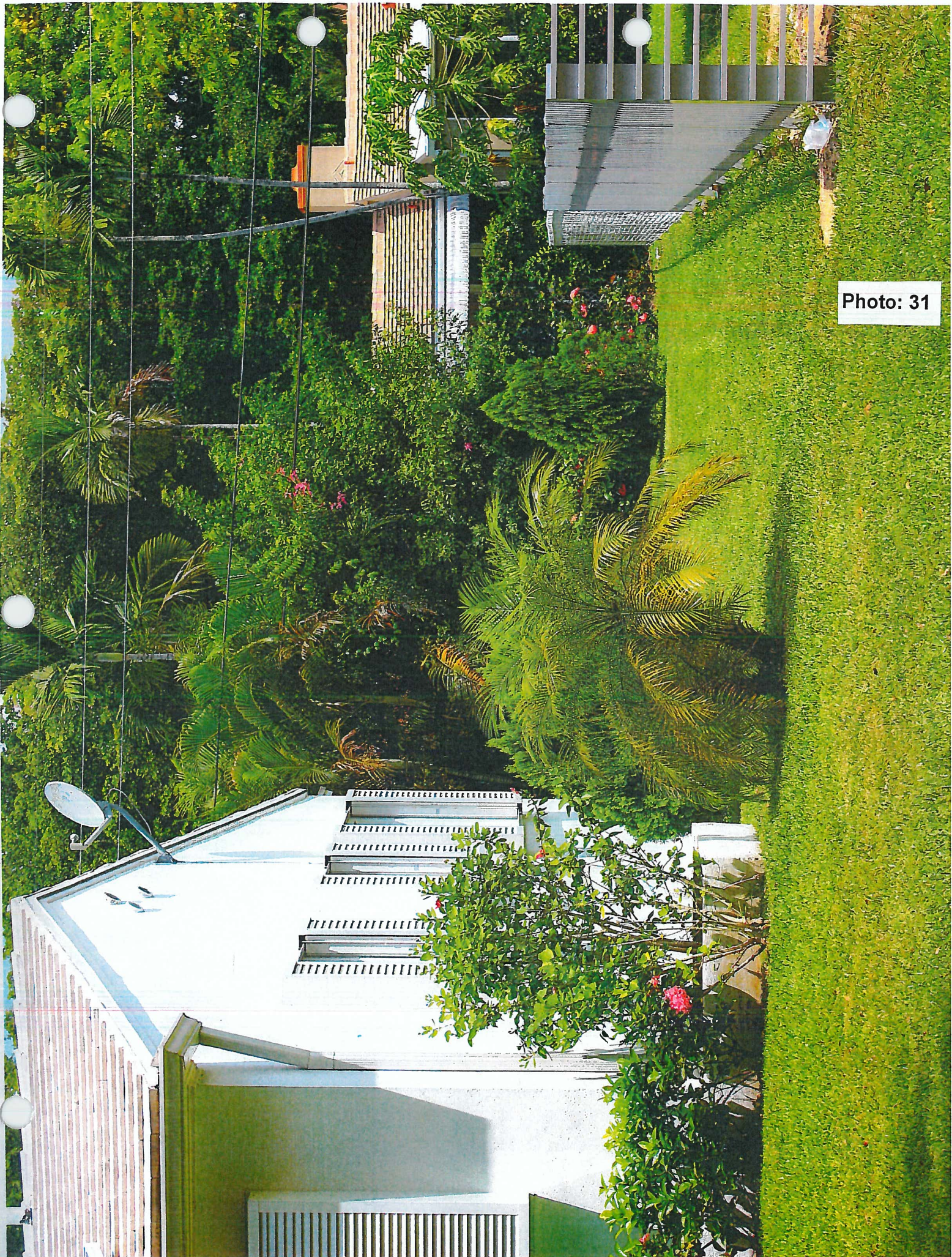


Photo: 31