



# PROPERTY APPRAISER OF MIAMI-DADE COUNTY

## Summary Report

Generated On: 01/19/2026

PROPERTY INFORMATION	
<b>Folio</b>	03-4108-009-2150
<b>Property Address</b>	19 SIDONIA AVE CORAL GABLES, FL 33134-0000
<b>Owner</b>	19 SIDONIA LLC
<b>Mailing Address</b>	5723 SW 42 TER MIAMI, FL 33155
<b>Primary Zone</b>	3801 MULTI-FAMILY MED DENSITY
<b>Primary Land Use</b>	0803 MULTIFAMILY 2-9 UNITS : MULTIFAMILY 3 OR MORE UNITS
<b>Beds / Baths /Half</b>	4 / 4 / 0
<b>Floors</b>	2
<b>Living Units</b>	4
<b>Actual Area</b>	2,640 Sq.Ft
<b>Living Area</b>	2,640 Sq.Ft
<b>Adjusted Area</b>	2,376 Sq.Ft
<b>Lot Size</b>	5,500 Sq.Ft
<b>Year Built</b>	1945

ASSESSMENT INFORMATION			
Year	2025	2024	2023
<b>Land Value</b>	\$990,000	\$825,000	\$825,000
<b>Building Value</b>	\$171,452	\$171,452	\$160,736
<b>Extra Feature Value</b>	\$562	\$562	\$562
<b>Market Value</b>	\$1,162,014	\$997,014	\$986,298
<b>Assessed Value</b>	\$972,908	\$884,462	\$804,057

BENEFITS INFORMATION				
Benefit	Type	2025	2024	2023
<b>Non-Homestead Cap</b>	Assessment Reduction	\$189,106	\$112,552	\$182,241

Note: Not all benefits are applicable to all Taxable Values (i.e. County, School Board, City, Regional).

SHORT LEGAL DESCRIPTION
8 54 41 PB 25-69
CORAL GABLES DOUGLAS SEC
LOT 17 BLK 23
LOT SIZE 50.000 X 110
COC 25938-3153 09 2007 1



TAXABLE VALUE INFORMATION			
Year	2025	2024	2023
<b>COUNTY</b>			
<b>Exemption Value</b>	\$0	\$0	\$0
<b>Taxable Value</b>	\$972,908	\$884,462	\$804,057
<b>SCHOOL BOARD</b>			
<b>Exemption Value</b>	\$0	\$0	\$0
<b>Taxable Value</b>	\$1,162,014	\$997,014	\$986,298
<b>CITY</b>			
<b>Exemption Value</b>	\$0	\$0	\$0
<b>Taxable Value</b>	\$972,908	\$884,462	\$804,057
<b>REGIONAL</b>			
<b>Exemption Value</b>	\$0	\$0	\$0
<b>Taxable Value</b>	\$972,908	\$884,462	\$804,057

SALES INFORMATION			
Previous Sale	Price	OR Book-Page	Qualification Description
12/21/2018	\$900,000	31270-4961	Qual by exam of deed
12/26/2013	\$480,000	28971-3831	Qual by exam of deed
09/01/2007	\$800,000	25938-3153	Sales which are qualified
12/01/2005	\$785,000	24075-4752	Sales which are qualified

The information contained herein is for ad valorem tax assessment purposes only. The Property Appraiser of Miami-Dade County is continually editing and updating the tax roll. This website may not reflect the most current information on record. The Property Appraiser of Miami-Dade County and Miami-Dade County assumes no liability, see full disclaimer and User Agreement at <https://www.miamidadepa.gov/pa/disclaimer.page>

City's Exhibit #1

List of service addresses for 19 Sidonia Ave

**OWNER (ALL ADDRESS)**

19 SIDONIA, LLC  
C/O INTERNATIONAL REAL ESTATE  
GROUP, LLC  
REGISTERED AGENT  
5723 SW 42 TER  
SOUTH MIAMI, FL 33155-5313



[Home](#) [Citizen Services](#) [Business Services](#) [Back to Coral Gables.com](#)

**Permits and Inspections: Search Results**

[Logon](#) [Help](#) [Contact](#)

[New Permit Search](#)

## Permit Search Results

Permit#:	App. Date	Street Address	Type	Description	Status	Issue Date	Final Date	Fees Due
<a href="#">CE-18-12-2811</a>	12/11/2018	19 SIDONIA AVE	CODE ENF LIEN SEARCH	LIEN SEARCH	final	12/14/2018	12/14/2018	0.00
<a href="#">RC-15-05-4869</a>	05/11/2015	19 SIDONIA AVE	BLDG RECERT / CRB	40 YEAR BUILDING RECERTIFICATION OR OLDER BUILT 1945	final	05/11/2015	05/14/2015	0.00
<a href="#">ZN-14-01-1900</a>	01/08/2014	19 SIDONIA AVE	PAINT / RESURFACE FL / CLEAN	PRESSURE CLEAN AND PAINT EXTERIOR WALLS SW 6093 FAMILIAR BEIGE (BEIGE) AND TRIM SW 6091 RELIABLE WHITE \$5000	final	01/08/2014	04/24/2014	0.00
<a href="#">CE-13-12-2566</a>	12/17/2013	19 SIDONIA AVE	CODE ENF LIEN SEARCH	LIEN SEARCH FOR 19 SIDONIA	final	12/26/2013	12/26/2013	0.00
<a href="#">CE-13-07-1964</a>	07/30/2013	19 SIDONIA AVE	CODE ENF TICKET PROCESS DAILY RUNNING FINE	T44718 CH 105 CITY CODE (MIN) BEES EXIST ON PROPERTY AND MUST BE REMOVED IMMEDIATELY	final	01/16/2014	01/16/2014	0.00
<a href="#">CE-13-07-1881</a>	07/29/2013	19 SIDONIA AVE	CODE ENF WARNING PROCESS	WT12176 CH. 105 CITY CODE (MIN) ACTIVE BEE-HIVE IN BUILDING.	final	07/29/2013	07/29/2013	0.00
<a href="#">CE-13-03-1072</a>	03/15/2013	19 SIDONIA AVE	CODE ENF LIEN SEARCH	LIEN SEARCH	final	03/19/2013	03/19/2013	0.00
<a href="#">CE-11-10-6307</a>	10/07/2011	19 SIDONIA AVE	CODE ENF WARNING PROCESS	POO NOTICE	final	10/07/2011	10/07/2011	0.00
<a href="#">CE-10-02-3337</a>	02/11/2010	19 SIDONIA AVE	CODE ENF TICKET PROCESS - NO RUNNING FINE	T37012 SEC 54-154 CC (DOP) TRASH PLACDED IN FRONT OF 15 SIDONIA AVENUE. PREVIOUSLY CITED 9/3/09	final	12/21/2018	12/21/2018	0.00
<a href="#">CE-10-02-3240</a>	02/11/2010	19 SIDONIA AVE	CODE ENF WARNING PROCESS	WT3126 SEC 54-153 CC (DAY) TRASH ON SWALE DAY BEFORE SCHEDULED P/U PRIOR TO 6:00 PM	final	02/11/2010	02/11/2010	0.00
<a href="#">CE-09-09-1692</a>	09/03/2009	19 SIDONIA AVE	CODE ENF WARNING PROCESS	WT3775 SEC 54-154 CC (DOP) IT SHALL BE UNLAWFUL FOR ANY PERSON TO DEPOSIT TRAS,GARDEN,TRASH, REFUSE OR WASTE UPON ANY LOT OR PREMISES OTHER	final	09/03/2009	03/15/2013	0.00

City's Exhibit #3

THAN PROPERTY  
WHERE REFUSE  
ORIGINATES FROM ie  
@39sidonia

The City's online services are protected with an **SSL encryption certificate**. For technical assistance, please call 305-569-2448 (8am-5pm, M-F).

# ENERGOV REPORT

2025

[RECT-25-08-0564](#)

Building Recertificati  
on

Recertification

Denied

08/08/2025

BUILDING RECERTIFI  
CATION (YEAR BUILT  
1945)

19 SIDONIA AVE



## The City of Coral Gables

Development Services Department  
CITY HALL 405 BILTMORE WAY  
CORAL GABLES, FLORIDA 33134

May 14, 2015

Horacio Garcia  
Adria Garcia  
60 Edgewater Dr. #15C  
Coral Gables, Fl. 33133

### LETTER OF BUILDING RECERTIFICATION IN ACCORDANCE WITH SECTION 8-11(f) OF THE CODE OF MIAMI-DADE COUNTY

**PROPERTY FOLIO: # 03-4108-009-2150**  
ADDRESS: 19 Sidonia Ave

Dear Property Owner/Manager:

This Office is in receipt of your structural and electrical report stating that the above referenced building has been examined and found to be structurally and electrically safe for its continued occupancy.

Based on acceptance of this report, we herewith grant this LETTER OF RECERTIFICATION for the above subject premises in accordance with Section 8-11(f) of the Code of Miami-Dade County.

The expiration date of this approval, as stated in said Code, is 10 years from 2015. This recertification letter does not exclude the building from subsequent inspections as deemed necessary by the Building Official, as specified in the Florida Building Code.

As a routine matter, and in order to avoid possible misunderstanding, nothing in this letter should be construed directly, or indirectly as a guarantee of the safety of any portion of this structure. However, based on the term stated in Section 8-11(f) of the Code, continued occupancy of the building will be permitted in accordance with the minimum procedural guidelines for the recertification structural/electrical report on file with this office.

Yours truly,

A handwritten signature in blue ink, appearing to read "Manuel Z. Lopez", is written over the typed name.

Manuel Z. Lopez, P.E.  
Building Official

City's Exhibit #4



CITY OF CORAL GABLES  
Development Services Department

CITY HALL 405 BILTMORE WAY  
CORAL GABLES, FL 33134

2/1/2023

**VIA CERTIFIED MAIL**

7021 1970 0000 4015 9279

19 SIDONIA LLC  
5723 SW 42 TER  
MIAMI, FL 33155

**RE:** 19 SIDONIA AVE  
**FOLIO #** 341080092150  
Process Number **TBD**

**\*\*\*COURTESY 2-YEAR NOTICE\*\*\***

Notice of Required Inspection for Recertification of 30 Years or Older Building

Dear Property Owner:

Per the Miami-Dade County Property Appraiser's office the above referenced property address is thirty (30) years old, or older, having been built in 1945. In accordance with the Miami-Dade County Code, Chapter 8, Section 8-11(f), a qualified individual must inspect said building and a **completed** Recertification Report ("Report") must be submitted by you to this Department **in 2025**. A completed Report includes 1) Cover letters stating the structure meets (or does not meet) the electrical and structural requirements for recertification, 2) Building Structural Report, 3) Building Electrical Report, 4) Parking Lot Illumination Standards Form 5) Parking Lot Guardrails Requirements Form, and 6) (For threshold buildings only) Self-qualification letters from the inspecting engineers with accompanying DBPR proof of specialization. Submittal of the Report does not constitute recertification; it must be **approved** and the Letter of Recertification must be issued by this Department.

Threshold buildings (i.e. buildings greater than 3 stories or greater than 50 ft tall, or with an Assembly Occupancy > 5000 s.f. & Occupant load > 500 people) shall be recertified by Structural and Electrical Professional Engineers only. Self-qualification letters will be required with proof of DBPR structural and electrical specialization.

Any buildings that are not threshold buildings may be recertified by any Florida Registered Architect or Professional Engineer and self-qualification letters will not be required.

If no deficiencies are identified, the structure will only be recertified once the reports and forms have been submitted and approved.

If deficiencies are identified, they shall be reported to the Building Official within 10 days, or within 24 hours if there is an immediate danger identified. A completed report shall be submitted to this Department. In addition, a structural and/or electrical affidavit from the inspector will be required, with additional affidavits every 180 days, as needed so that the building can continue to be occupied while repairs are carried out. The Building Official is able to grant an extension of one hundred fifty (150) calendar days from the due date or the date the deficiencies were identified (whichever is sooner) to allow time to obtain the necessary permits and perform the repairs. The structure

will only be recertified once a *revised* report and all required information is submitted and approved, and all required permits are closed.

Proprietary or modified recertification forms from the inspectors will not be accepted. Only current municipal recertification forms will be accepted. The Architect or Engineer shall obtain the required Forms from the following link:

<https://www.miamidade.gov/global/economy/building/recertification.page>.

If this is your first time using the online system, please register at the following link:

<https://coralgablesfl-energovpub.tylerhost.net/Apps/selfservice/CoralGablesFLProd#/register>

You can access your online process using the process number provided above at the following link:

<https://coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/myWork?tab=MyPermits>

**The Recertification Report fee of \$500.00 and additional document and filing fees shall be paid online at the following link:**

<https://coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/payinvoice>

Failure to submit the required Report within the allowed time will result in **declaring the structure unsafe** and referring the matter to the City's Construction Regulation Board ("Board") without further notice and a \$600.00 administrative fee will be imposed at that time. The Board may impose additional fines of \$250.00 for each day the violation continues, may enter an order of demolition, and may assess all costs of the proceedings along with the cost of demolition and any other required action.

Please contact Douglas Ramirez at [dramirez@coralgables.com](mailto:dramirez@coralgables.com) regarding any questions concerning building recertification.

Thank you for your prompt attention to this matter.



Manuel Z. Lopez, P.E.  
Building Official



CITY OF CORAL GABLES  
Development Services Department

CITY HALL 405 BILTMORE WAY  
CORAL GABLES, FL 33134

1/31/2024

19 SIDONIA LLC  
5723 SW 42 TER  
MIAMI, FL 33155

**VIA CERTIFIED MAIL**

7022 2410 0002 9151 7629

**RE:** 19 SIDONIA AVE  
**FOLIO #** 03-4108-009-2150  
Process Number   **TBD**  

**\*\*\*COURTESY 1-YEAR NOTICE\*\*\***

Notice of Required Inspection for Recertification of 30 Years or Older Building

Dear Property Owner:

Per the Miami-Dade County Property Appraiser's office the above referenced property address is thirty (30) years old, or older, having been built in 1945. In accordance with the Miami-Dade County Code, Chapter 8, Section 8-11(f), a qualified individual must inspect said building and a **completed** Recertification Report ("Report") must be submitted by you to this Department **in 2025**. A completed Report includes 1) Cover letters stating the structure meets (or does not meet) the electrical and structural requirements for recertification, 2) Building Structural Report, 3) Building Electrical Report, 4) Parking Lot Illumination Standards Form 5) Parking Lot Guardrails Requirements Form, and 6) (For threshold buildings only) Self-qualification letters from the inspecting engineers with accompanying DBPR proof of specialization. Submittal of the Report does not constitute recertification; it must be **approved** and the Letter of Recertification must be issued by this Department.

Threshold buildings (i.e. buildings greater than 3 stories or greater than 50 ft tall, or with an Assembly Occupancy > 5000 s.f. & Occupant load > 500 people) shall be recertified by Structural and Electrical Professional Engineers only. Self-qualification letters will be required with proof of DBPR structural and electrical specialization.

Any buildings that are not threshold buildings may be recertified by any Florida Registered Architect or Professional Engineer and self-qualification letters will not be required.

If no deficiencies are identified, the structure will only be recertified once the reports and forms have been submitted and approved.

If deficiencies are identified, they shall be reported to the Building Official within 10 days, or within 24 hours if there is an immediate danger identified. A completed report shall be submitted to this Department. In addition, a structural and/or electrical affidavit from the inspector will be required, with additional affidavits every 180 days, as needed so that the building can continue to be occupied while repairs are carried out. The Building Official is able to grant an extension of one hundred fifty (150) calendar days from the due date or the date the deficiencies were identified (whichever is sooner) to allow time to obtain the necessary permits and perform the repairs. The structure will only

be recertified once a *revised* report and all required information is submitted and approved, and all required permits are closed.

Proprietary or modified recertification forms from the inspectors will not be accepted. Only current municipal recertification forms will be accepted. The Architect or Engineer shall obtain the required Forms from the following link:

<https://www.miamidade.gov/global/economy/building/recertification.page>.

If this is your first time using the online system, please register at the following link:

<https://coralgablesfl-energovpub.tylerhost.net/Apps/selfservice/CoralGablesFLProd#/register>

You can access your online process using the process number provided above at the following link:

<https://coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/myWork?tab=MyPermits>

**The Recertification Report fee of \$500.00 *and* additional document and filing fees shall be paid online at the following link:**

<https://coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/payinvoice>

Failure to submit the required Report within the allowed time will result in **declaring the structure unsafe** and referring the matter to the City's Construction Regulation Board ("Board") without further notice and a \$600.00 administrative fee will be imposed at that time. The Board may impose additional fines of \$250.00 for each day the violation continues, may enter an order of demolition, and may assess all costs of the proceedings along with the cost of demolition and any other required action.

Please contact Douglas Ramirez at [dramirez@coralgables.com](mailto:dramirez@coralgables.com) regarding any questions concerning building recertification.

Thank you for your prompt attention to this matter.



Manuel Z. Lopez, P.E.  
Building Official



## CITY OF CORAL GABLES

DEVELOPMENT SERVICES DEPARTMENT  
427 BILTMORE WAY  
CORAL GABLES, FL 33134

1/31/2025

19 SIDONIA LLC  
5723 SW 42 TER  
MIAMI, FL 33155

**VIA CERTIFIED MAIL**

9589 0710 5270 1801 7201 01

**RE:** 19 SIDONIA AVE  
**FOLIO #** 341080092150

Notice of Required Inspection For Recertification of Building  
Process Number: **TBD**

Dear Property Owner:

Per the Miami-Dade County Property Appraiser's office the above referenced property address is thirty (30) years old, or older, having been built in 1945. In accordance with the Miami-Dade County Code, Chapter 8, Section 8-11(f), a qualified individual must inspect said building and a **completed** Recertification Report ("Report") must be submitted by you to this Department within **ninety (90) calendar days** from the **date of this letter**. A completed Report includes 1) Cover letters stating the structure meets (or does not meet) the electrical and structural requirements for recertification, 2) Building Structural Report, 3) Building Electrical Report, 4) Parking Lot Illumination Standards Form 5) Parking Lot Guardrails Requirements Form, and 6) (For threshold buildings only) Self-qualification letters from the inspecting engineers with accompanying DBPR proof of specialization. Submittal of the Report does not constitute recertification; it must be **approved** and the Letter of Recertification must be issued by this Department.

Threshold buildings (i.e. buildings greater than 3 stories or greater than 50 ft tall, or with an Assembly Occupancy > 5000 s.f. & Occupant load > 500 people) shall be recertified by Structural and Electrical Professional Engineers only. Self-qualification letters will be required with proof of DBPR structural and electrical specialization.

Any buildings that are not threshold buildings may be recertified by any Florida Registered Architect or Professional Engineer and self-qualification letters will not be required.

If no deficiencies are identified, the structure will only be recertified once the reports and forms have been submitted and approved.

If deficiencies are identified, they shall be reported to the Building Official within 10 days, or within 24 hours if there is an immediate danger identified. A completed report shall be submitted to this Department. In addition, a structural and/or electrical affidavit from the inspector will be required, with additional affidavits every 180 days, as needed so that the building can continue to be occupied while repairs are carried out. The Building Official is able to grant an extension of one hundred fifty (150) calendar days from the due date or the date the deficiencies were identified (whichever is sooner) to allow time to obtain the necessary permits and perform the repairs. The structure will only be recertified once a *revised* report and all required information is submitted and approved, and all required permits are closed.

Proprietary or modified recertification forms from the inspectors will not be accepted. Only current municipal recertification forms will be accepted. The Architect or Engineer shall obtain the required Forms from the following link:

<https://www.miamidade.gov/global/economy/building/recertification.page>.

If this is your first time using the online system, please register at the following link:

<https://coralgablesfl-energovpub.tylerhost.net/Apps/selfservice/CoralGablesFLProd#/register>

You can access your online process using the process number provided above at the following link:

<https://coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/myWork?tab=MyPermits>

**The Recertification Report fee of \$500.00 *and* additional document and filing fees shall be paid online at the following link:**

<https://coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/payinvoice>

Failure to submit the required Report within the allowed time will result in **declaring the structure unsafe** and referring the matter to the City's Construction Regulation Board ("Board") without further notice and a \$600.00 administrative fee will be imposed at that time. The Board may impose additional fines of \$250.00 for each day the violation continues, may enter an order of demolition, and may assess all costs of the proceedings along with the cost of demolition and any other required action.

Please contact Douglas Ramirez at [dramirez@coralgables.com](mailto:dramirez@coralgables.com) regarding any questions concerning building recertification.

Thank you for your prompt attention to this matter.



Manuel Z. Lopez, P.E.  
Building Official



CITY OF CORAL GABLES

DEVELOPMENT SERVICES DEPARTMENT  
427 BILTMORE WAY  
CORAL GABLES, FL 33134

5/1/2025

**VIA CERTIFIED MAIL**

19 SIDONIA LLC  
5723 SW 42 TER  
MIAMI, FL. 33155

7020 1290 0001 5682 8214

**RE: 19 SIDONIA AVE**  
**FOLIO # 341080092150**

Notice of Required Inspection For Recertification of Building – **OVERDUE NOTICE**  
Process Number **RECT-xx-xxxx**

Dear Property Owner:

In a certified letter dated 1/31/2025, this Department notified you the property referenced above requires Building Recertification pursuant to Miami-Dade County Code, Chapter 8, Section 8-11(f). The letter informed you it was necessary to submit to this Department a completed Report prepared by a qualified individual within ninety (90) calendar days certifying the structure meets the requirements for recertification.

Please be advised the submittal of the Report is overdue and the **structure has been deemed unsafe** due to non-compliance. This may result in the revocation of the Certificate of Occupancy, as well as being subject to other penalties as provided in the Code. A completed Report includes 1) Cover letters stating the structure meets (or does not meet) the electrical and structural requirements for recertification, 2) Building Structural Report, 3) Building Electrical Report, 4) Parking Lot Illumination Standards Form 5) Parking Lot Guardrails Requirements Form, and 6) (For threshold buildings only) Self-qualification letters from the inspecting engineers with accompanying DBPR proof of specialization. Submittal of the Report does not constitute recertification; it must be **approved** and the Letter of Recertification must be issued by this Department.

See original notice for additional information.

**Failure to submit the completed Report within thirty (30) calendar days from the date of this letter will result in forwarding the matter to the City's Construction Regulation Board for further review and determination. A \$600.00 administrative fee will be imposed at that time. The Board may impose additional fines of \$250.00 for each day the violation continues, may enter an order of demolition, and may assess all costs of the proceedings along with the cost of demolition and any other required action.**

If this is your first time using the online system, please register at the following link:

<https://coralgablesfl-energovpub.tylerhost.net/Apps/selfservice/CoralGablesFLProd#/register>

You can access your online process using the process number provided above at the following link:

<https://coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/myWork?tab=MyPermits>

**The Recertification Report fee of \$500.00 and additional document and filing fees shall be paid online at the following link:**

<https://coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/payinvoice>

Please govern yourself accordingly.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Manuel Z. Lopez', with a stylized flourish extending to the right.

Manuel Z. Lopez, P.E.  
Building Official



CITY OF CORAL GABLES

DEVELOPMENT SERVICES DEPARTMENT  
427 BILTMORE WAY  
CORAL GABLES, FL 33134  
19 SIDONIA LLC  
5723 SW 42 TER  
MIAMI, FL 33155

June 18, 2025

Via Certified Mail

7020 2450 0001 8406 0317

**RE: 19 SIDONIA AVE**  
**FOLIO # 03-4108-009-2150**  
Notice of Required Inspection For Recertification of Building – **FINAL NOTICE**

Dear Property Owner:

In a certified letter dated January 31, 2025, this Department notified you the property referenced above requires Building Recertification pursuant to Miami-Dade County Code, Chapter 8, Section 8-11(f). A Second Notice dated May 1, 2025 informed you it was necessary to submit to this Department a completed Report prepared by a qualified individual within thirty (30) calendar days certifying the structure meets the requirements for recertification.

See previous correspondence for additional information.

As of this date, the completed Report has not been submitted and the **structure remains unsafe** due to non-compliance. Please be advised the matter will be forwarded to the City's Construction Regulation Board ("Board"); a \$600.00 Administrative Fee will be imposed once the Case is scheduled. The Board may impose additional fines of \$250.00 for each day the violation continues, may also enter an order of revocation of the Certificate of Occupancy and/or demolition and assess all costs of the proceedings along with the cost of demolition and any other required action for which the City shall have a lien against the Property Owner and the Property. The completed Report may be submitted Monday through Friday, 7:30am to 2:30pm to this Department. Contact Analyn Hernandez at [ahernandez2@coralgables.com](mailto:ahernandez2@coralgables.com) if any questions regarding building recertification.

Please govern yourself accordingly.

Sincerely,

Manuel Z. Lopez, P.E.  
Building Official

**BEFORE THE CONSTRUCTION REGULATION BOARD**  
**FOR THE CITY OF CORAL GABLES**

CITY OF CORAL GABLES,  
Petitioner,

Case No. 26-1063  
RECT-25-08-0564

vs.

Certified Mail Return Receipt & Via USPS Regular Mail  
9589 0710 5270 1749 3993 84

19 Sidonia LLC  
C/O International Real Estate Group LLC, Registered Agent  
5723 SW 42 Ter  
S. Miami, FL 33155-5313  
Respondent.

**NOTICE OF UNSAFE STRUCTURE VIOLATION FOR FAILURE TO RECERTIFY  
AND NOTICE OF HEARING**

Date: January 22, 2026

Re: 19 Sidonia Ave, Coral Gables, FL 33134, Lot 17 Blk 23, 8 54 41 PB 25-69, Coral Gables Douglas Sec and 03-4108-009-2150 (Property").

The City of Coral Gables ("City") Building Official has inspected the records relating to the Structure in accordance with Article III, Chapter 105 of the City Code, pertaining to unsafe structures, and Section 8-11 of the Miami-Dade County Code, as applicable in the City, pertaining to existing buildings. **The Structure is hereby declared unsafe** by the Building Official and is presumed unsafe pursuant to Section 105-89 10 (m) of the City Code for failure to timely comply with the maintenance and recertification requirements of the Florida Building Code or Section 8-11 of the Miami-Dade County Code.

**Therefore, this matter is set for hearing before the City's Construction Regulation Board ("Board") in the Fairchild Tropical Board Room, 427 Biltmore Way, 1<sup>st</sup> Floor, Coral Gables, Florida 33134, on February 09, 2026, at 2:00 p.m.**

You may appeal the decision of the Building Official to the Board by appearing at the hearing. You have the right to be represented by an attorney and may present and question witnesses and evidence; however, formal rules of evidence shall not apply. Failure to appear at the hearing will result in the matter being heard in your absence. Please be advised that if someone other than an attorney will be attending the hearing on your behalf, he or she must provide a power of attorney from you at the time of the hearing. Requests for continuance must be made in writing to, Analyn Hernandez, at City of Coral Gables, Development Services Department, 427 Biltmore Way, Coral Gables, FL 33134, ahernandez2@coralgables.com, tel: (305) 460-5250. The Development Services Department's hours are Monday through Friday, 7:30 a.m. to 2:30 p.m.

If the Required Action is not completed before the above hearing date, the Building Official may order that the structure be vacated, boarded, secured, and posted (including but not limited to, requesting the electric utility to terminate service to the Structure) to prevent further occupancy until the Required Action is completed. The Building Official may also order demolition of the Structure and the City may recover the costs incurred against the Property and the Owner of record.

**City's Exhibit #6**

If the Property owner or other interested party does not take all Required Action or prevail at the hearing, the Construction Regulation Board may impose fines not to exceed \$250 for each day the violation continues past the date set for compliance and may also enter an order of demolition and assess all costs of the proceedings, in an amount not less than \$600, and the costs of demolition and other required action, for which the City shall have a lien against the Property owner and the Property.

Please govern yourself accordingly.

*Analyn Hernandez*

Analyn Hernandez  
Secretary to the Board

#### ADA NOTICES

Any person who acts as a lobbyist pursuant to the City of Coral Gables Ordinance No. 2006-11, must register with the City Clerk, prior to engaging in lobbying activities before the city staff, boards, committees and/or the City Commission. A copy of the Ordinance is available in the Office of the City Clerk, City Hall.

**Pursuant to Section 286.0105, Florida Statutes, if a person decides to appeal any decision made by the Board, with respect to any matter considered at such hearing or meeting, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made; which record includes the testimony and evidence upon which the appeal is to be based. Although a court reporter usually attends the hearing at the City's cost, the City is not required to provide a transcript of the hearing, which the Respondent may request at the Respondent's cost.**

Any person who needs assistance in another language in order to speak during the public hearing or public comment portion of the meeting should contact the City's ADA Coordinator, Jose Rodriguez, Interim Director of Human Resources (E-mail: [jrodriguez4@coralgables.com](mailto:jrodriguez4@coralgables.com) , Telephone: 305-722-8675, TTY/TDD: 305-442-1600), at least three (3) business days before the meeting.

Any person with a disability requiring communication assistance (such as a sign language interpreter or other auxiliary aide or service) in order to attend or participate in the meeting should contact the City's ADA Coordinator, Jose Rodriguez, Interim Director of Labor Relations and Risk Management (E-mail: [jrodriguez4@coralgables.com](mailto:jrodriguez4@coralgables.com), Telephone: 305-722-8675, TTY/TDD: 305-442-1600), at least three (3) business days before the meeting.

CC:



CITY OF CORAL GABLES  
DEVELOPMENT SERVICES DEPARTMENT  
Affidavit of Posting

Title of Document Posted: Notice of Unsafe Structure Violation for Failure to Recertify and Notice of Hearing

I, Sebastian Ramos, DO HEREBY SWEAR/AFFIRM THAT  
THE AFOREMENTIONED NOTICE WAS PERSONALLY POSTED, BY ME, AT THE  
ADDRESS OF 19 SIDONIA AVE, ON 1/23/26 AT  
10:51 a.m.

Sebastian Ramos  
Employee's Printed Name

[Signature]  
Employee's Signature

STATE OF FLORIDA )  
ss.  
COUNTY OF MIAMI-DADE )

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 2 day of February, in the year 2026 by Sebastian Ramos who is personally known to me.

My Commission Expires: 12/14/2029

Angelina Puerto  
Notary Public







Jan 23, 2026





CFN 2018R0780996

OR BK 31270 Pgs 4961-4962 (2Pgs)

RECORDED 12/28/2018 11:47:58

DEED DOC TAX \$5,400.00

SURTAX \$4,050.00

HARVEY RUVIN, CLERK OF COURT

MIAMI-DADE COUNTY, FLORIDA

This document was prepared by:  
Sergio J. Guzman, Esquire  
2655 South Le Jeune Rd, Ste 700  
Cora Gables, FL 33134

### WARRANTY DEED

Folio No.: 03-4108-009-2150

THIS INDENTURE, made this 21 day of December, 2018, between **Horacio Garcia and Adria Garcia, as husband and wife**, 60 Edgewater Drive, Apt # 15-C, Coral Gables, Florida 33134, Grantors/Parties of the first part, **19 Sidonia, LLC, a Florida limited liability company**, 5723 SW 42 Terrace, Miami, Florida 33155, Grantee/Party of the second part,

WITNESSETH, that the said party of the first part, for and in consideration of the sum of Ten Dollars and no cents (\$10.00) and other good and valuable consideration, to them in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, have granted, bargained, and sold to the said party of the second part, her heirs and assigns forever, the following described land, situate, and being in the County of Miami-Dade and State of Florida, to-wit:

**Lot 17, Block 23, Coral Gables Douglas Section Revised, according to the Plat Book thereof, as recorded in Plat Book 25, Page 69, of the Public Records of Miami-Dade County, Florida.**

**Subject to:**

- (a) Taxes for the year 2019 and subsequent years;
- (b) Conditions, restrictions, and limitations and easements of record, provided that this shall not serve to reimpose any of the same; and
- (C) All applicable laws, zoning regulations and ordinances and all other governmental regulations affecting the subject property.

TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

City's Exhibit #9

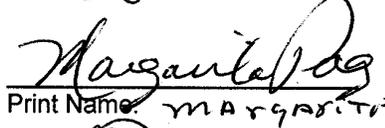
And the said parties of the first part do hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the said parties of the first part have hereunto set their hands and seals the day and year first before written.

Signed, sealed and delivered in the presence of:

  
Print Name: SERGIO J. GUZMAN

  
Horacio Garcia  
60 Edgewater Drive, Apt #15C  
Coral Gables, FL 33134

  
Print Name: MARGARITA PAEZ

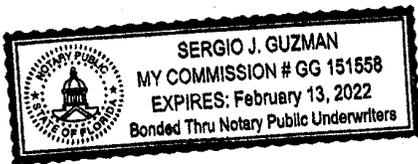
  
Adria Garcia  
60 Edgewater Drive, Apt #15C  
Coral Gables, FL 33134

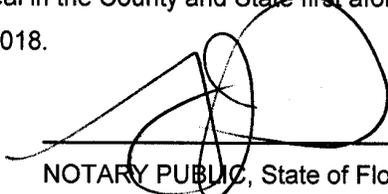
  
Print Name: SERGIO J. GUZMAN  
  
Print Name: MARGARITA PAEZ

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

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgment, personally appeared Horacio Garcia and Adria Garcia, to me known to be the persons described herein or who produced the following form of I.D.: \_\_\_\_\_ and who executed the same and who did take an oath.

WITNESS my hand and official seal in the County and State first aforesaid this 21 day of December 2018.



  
NOTARY PUBLIC, State of Florida at Large

Print Name of Notary Public: Sergio J. Guzman

MY COMMISSION EXPIRES:



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
19 SIDONIA, LLC

### Filing Information

**Document Number** L18000286840  
**FEI/EIN Number** 83-3053787  
**Date Filed** 12/13/2018  
**State** FL  
**Status** ACTIVE

### Principal Address

5723 SW 42 TERRACE  
SOUTH MIAMI, FL 33155

### Mailing Address

5723 SW 42 TERRACE  
SOUTH MIAMI, FL 33155

### Registered Agent Name & Address

INTERNATIONAL REAL ESTATE GROUP, LLC  
5723 SW 42 TERRACE  
SOUTH MIAMI, FL 33155

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

FALCON, LUIS A  
5723 SW 42 TERRACE  
SOUTH MIAMI, FL 33155

Title MGR

FALCON, JOSE L  
5723 SW 42 TERRACE  
SOUTH MIAMI, FL 33155

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2023	04/04/2023
2024	04/12/2024
2025	04/10/2025

**Document Images**

<a href="#">04/10/2025 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2024 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/04/2023 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/06/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/27/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/24/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/10/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/13/2018 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>



BUILDING RECERTIFICATION INSPECTION REPORT FORM - STRUCTURAL

- Initial Inspection Report
Amended Inspection Report after completion of repairs

Licensed Engineer(s) or Architect(s) Responsible for Recertification Inspection

Inspection Firm Name (if applicable): ATEEQ Architecture & Design

Address: 2275 NW 84th Ave

Telephone Number: 786-546-1251 Email: Gilbert@ateeqarchitecture.com

Assuming Responsibility for: All Portion If portion, please list:

Inspection Commencement Date: 7/12/25

Inspection Completion Date: 7/12/25

NOTE: Add pages as required to list all additional design professionals assuming responsibility for the Recertification Inspections or portions thereof. Each Design Professional must sign and seal their portion of the work in accordance with Florida Statutes.

Please check the condition that applies:

- Substantial Structural Deterioration Observed
Dangerous Condition Observed. Notify Building Official within 10 days
Immediate Dangerous Condition Observed. Notify Building and Fire Officials within 24 hours
Maintenance needed but does not rise to the level of Substantial Deterioration or Dangerous
Passed the Inspection
Check box if unpermitted work has been identified as per Sec. 1804.1 FBC, EB

Licensed Design Professional: Engineer Architect

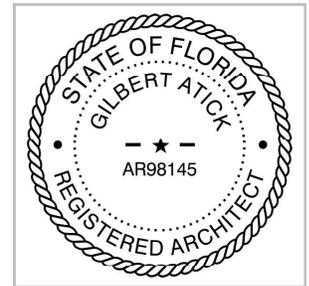
Name: Gilbert Atick

License Number: AR98145

I am qualified to practice in the discipline in which I am hereby signing:

Signature: Gilbert Atick [Digital signature block]

Date: 8/8/25



Seal

This report has been based upon the minimum inspection requirements of Miami-Dade County Code Sec. 8-11(f) and satisfies the requirements listed in Chapter 18 of the Florida Building Code, Existing Building, inclusive of the Phase 1 and Phase 2 inspections. To the best of my knowledge and ability, this report represents an accurate appraisal of the present conditions of the structure, based on careful evaluation of conditions, to the extent reasonably possible.

# MINIMUM INSPECTION PROCEDURAL GUIDELINES FOR BUILDING STRUCTURAL RECERTIFICATION

**CASE REFERENCE NUMBER:**

**JURISDICTION NAME:**

City Of Coral Gables

**\*Use separate sheets for additional responses by referencing the report section number.**

<b>1. DESCRIPTION OF BUILDING</b>	
a. Name on Title: 19 SIDONIA LLC	
b. Building Street Address: 19 SIDONIA AVE	Bldg. #:
c. Legal Description: 8 54 41 PB 25-69 CORAL GABLES DOUGLAS SEC LOT 17 BLK 23 Attached: <input type="checkbox"/>	
d. Owner's Name: 19 SIDONIA LLC	
e. Owner's Mailing Address: 5723 SW 42 TER MIAMI, FL 33155	
f. Owner's email: internationalrealestategrp@gmail.com	
g. Owner's Contact Phone Number: 786-355-4689	
h. Corresponding Property Folio Number: 03-4108-009-2150	
i. Name of Condominium or Cooperative Association (if applicable):	
j. Building Code Occupancy Classification: MULTI-FAMILY	
k. Present Use: MULTI-FAMILY	
l. General description, type of construction, size, number of stories, and special features:	
2 story multi family building with CMU exterior wall structure and a wood truss roof. Building is approx 2640 SF	
m. Number of Stories: 2	n. Is this a Threshold Building <sup>1</sup> as per 553.71(12) F.S. (Yes/No): No
o. Additions to original structure:	
p. Provide an aerial of the property identifying the building being certified on a separate sheet. Attached: <input type="checkbox"/>	
q. Approximate distance to coast and method used to determine distance:	
r. Total Actual Building Area of all floors: 2,640SF	
S.F.	s. Building Footprint Area: 1400SF

## 2. INSPECTIONS

a. Date of Notice of Required Inspection:

b. Date(s) of actual inspection: 7/12/2025

c. Name, license number, and qualifications of licensee submitting report:

Gilbert Atick, AR98145, Architect

1. Discipline of practice: Architect

d. Description of laboratory or other formal testing, if required, rather than manual or visual procedures: N/A:

e. Are Any Structural Repairs Required? (YES/NO): No

1. If required, describe, and indicate acceptance:

f. Can the building continue to be occupied while recertification and repairs are ongoing? (YES/NO): Yes

1. Explanation/Conditions:

g. Is it recommended that the building be vacated? (YES/NO): No

h. Has the property record been researched for violations or unsafe cases? (YES/NO): No

1. Explanation/Comments:

**3. SUPPORTING DATA (Reference all photos indicated in report with corresponding section number)**

- a. 0 Number of Additional sheets of written data
- b. 26 Number of Photographs provided (plus each building elevation)
- c. 0 Number Drawings or sketches provided (aerial, site, footprint, etc.)
- d. 1 Number of Test reports attached

**4. FOUNDATION**

a. Describe the building foundation based on visual observation, type of construction or existing plans:

Foundation has not been excavated. There has been no present structural damage or settlement that caused cracks or separation in walls, Columns or beams.

b. Is wood in contact or near soil? (Yes/No): No

c. Signs of differential settlement? (Yes/No): No

d. Describe any cracks or separation in the walls, columns, or beams that signal differential settlement:

PROVIDE PHOTO 4d

None Present

e. Is water drained away from the foundation? (Yes/No/Needs Repair): Yes

f. Is there additional sub-soil investigation required? (Yes/No): No

1. Describe:

**5. PRESENT CONDITION OF OVERALL STRUCTURE**

a. General alignment: (Note: good, fair, poor, significant, explain if significant)

PROVIDE PHOTO 5a

1. Bulging: Good

2. Settlement: Good

3. Deflections: Good

4. Expansion: Good

5. Contraction: Good

b. Portion showing distress: (Note, beams, columns, structural walls, floor, roofs, other)	PROVIDE PHOTO 5b
None Present	
c. Surface conditions: Describe general conditions of finishes, cracking, spalling, peeling, signs of moisture penetration and stains.	PROVIDE PHOTO 5c
None Present	
d. Cracks: Note location in significant members. Identify crack size as <b>HAIRLINE</b> if barely discernible; <b>FINE</b> if less than 1 mm in width; <b>MEDIUM</b> if between 1- and 2-mm width; <b>WIDE</b> if over 2 mm.	PROVIDE PHOTO 5d
Hairline (Barely Discernable)	
e. General extent of deterioration: Cracking or spalling of concrete or masonry, oxidation of metals; rot or borer attack in wood.	PROVIDE PHOTO 5e
None Present	
f. Previous patching or repairs (Provide description and identify location):	PROVIDE PHOTO 5f
None Present	
g. Nature of present loading: (Indicate residential, commercial, storage, other.)	
Residential	
h. Are there any other significant observations? (Yes/No): No	
1. Describe:	

**6. MASONRY BEARING WALL:** (Indicate good, fair, poor, significant on appropriate lines)

This Section  
is N/A:

**PROVIDE PHOTO 6**

a. Concrete masonry units: **Good**

b. Clay tile or terra cotta units: **N/A**

c. Reinforced concrete tie columns: **Good**

d. Reinforced concrete tie beams: **Good**

e. Lintel: **Good**

f. Other type bond beams:

**PROVIDE PHOTO 6f**

g. Exterior masonry finishes (choose those that apply):

1. Stucco: **Good**

2. Veneer: **N/A**

3. Paint only: **Good**

4. Other (describe): **N/A**

h. Interior masonry finishes (choose those that apply):

**PROVIDE PHOTO 6h**

1. Vapor barrier:

2. Furring and plaster:

3. Paneling:

4. Paint only: **Good**

5. Other (describe):

i. Cracks:

**PROVIDE PHOTO 6i**

1. Location (note beams, columns, other): **None**

2. Description:

j. Spalling **None Observed**

**PROVIDE PHOTO 6j**

1. Location (note beams, columns, other):

2. Description:

k. Rebar corrosion (indicate worst case by selecting one from lines 1-4):	<b>PROVIDE PHOTO 6k</b>
1. None visible: <input checked="" type="radio"/>	
2. Minor (patching will suffice): <input type="radio"/>	
3. Significant (but patching will suffice): <input type="radio"/>	
4. Significant (structural repairs required) <input type="radio"/>	
l. Samples chipped out for examination in spalled areas (Yes/No): <b>No</b>	
1. Yes – describe color, texture, aggregate, general quality:	

<b>7. FLOOR AND ROOF SYSTEM</b>	
a. Roof (Must access and provide)	
1. Describe (roof shape, type roof covering, type roof deck, roof structural framing, condition):	<b>PROVIDE PHOTO 7a1</b>
Roof Pitch: <b>Pitched (&gt;=2:12)</b> Roof Cladding Type: <b>Tile</b>	
Roof Deck Material: <b>Wood</b>	
Roof Structural Framing Type: <b>Wood</b>	
Roof Structural Framing Condition: <b>Good</b>	
2. Note water tanks, cooling towers, air conditioning equipment, signs, other heavy equipment and condition of supports:	<b>PROVIDE PHOTO 7a2</b>
N/A	
3. Describe roof drainage system, main and overflow, and indicate condition:	<b>PROVIDE PHOTO 7a3</b>
N/A	
4. Describe parapet construction and current conditions:	<b>PROVIDE PHOTO 7a4</b>
N/A	
5. Describe mansard construction and current conditions:	<b>PROVIDE PHOTO 7a5</b>
N/A	

6. Describe roofing membrane/covering and current conditions:	PROVIDE PHOTO 7a6
N/A	
7. Describe any roof framing member with obvious overloading, overstress, deterioration or excessive deflection:	PROVIDE PHOTO 7a7
None Observed	
8. Note any expansion joints and condition:	PROVIDE PHOTO 7a8
N/A	
b. Floor system(s):	
1. Describe the floor system at each level, framing, material, typical spans and indicate condition:	PROVIDE PHOTO 7b1
Floor system was not accessible but there was no signs of settlement or damage that required it to be opened	
2. Balconies: Indicate location, framing system, materials and condition:	PROVIDE PHOTO 7b2
Construction: No Balcony	
Condition:	
Location:	
3. Stairs and escalators: indicate location, framing system, material, and condition: N/A: <input type="checkbox"/>	PROVIDE PHOTO 7b3
Stairs are in good condition	
4. Ramps: indicate location, framing type, material, and condition: N/A: <input checked="" type="checkbox"/>	PROVIDE PHOTO 7b4
5. Guardrails and handrails: describe type, material, and condition: N/A: <input type="checkbox"/>	PROVIDE PHOTO 7b5
Guardrails are in good condition	
c. Inspection – note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members.	
Attic space was not accessible but there was no signs of settlement or damage that required ceilings to be open	

<b>8. STEEL FRAMING SYSTEM</b>	This Section is Not Applicable: <input checked="" type="checkbox"/>
a. Description of system at each level:	<b>PROVIDE PHOTO 8a</b>
b. Exposed steel members: describe condition of paint and degree of corrosion:	<b>PROVIDE PHOTO 8b</b>
c. Steel connections: describe type and condition:	<b>PROVIDE PHOTO 8c</b>
d. Concrete or other fireproofing: note any cracking or spalling of encased member and note where any covering was removed for inspection:	<b>PROVIDE PHOTO 8d</b>
e. Identify any steel framing member with obvious overloading, overstress, deterioration, or excessive deflection (provide location):	<b>PROVIDE PHOTO 8e</b>
f. Elevator sheave beams and connections, and machine floor beams: note condition:    N/A: <input type="checkbox"/>	<b>PROVIDE PHOTO 8f</b>

<b>9. CONCRETE FRAMING SYSTEM</b>	This Section is Not Applicable: <input checked="" type="checkbox"/>
a. Full description of concrete structural framing system:	<b>PROVIDE PHOTO 9a</b>
b. Cracking	<b>PROVIDE PHOTO 9b</b>
1. Not Significant: <input type="radio"/> 2. Significant but patching will suffice: <input type="radio"/>	
3. Significant: Structural repairs required: <input type="radio"/>	
4. Location and description of members affected and type cracking:	

c. General condition		
d. Rebar corrosion – check appropriate line		
1. None visible:	<input type="checkbox"/>	
2. Location and description of members affected and type cracking:	N/A <input type="checkbox"/>	<b>PROVIDE PHOTO 9d2</b>
3. Significant but patching will suffice:	N/A <input type="checkbox"/>	<b>PROVIDE PHOTO 9d3</b>
4. Significant: structural repairs required (describe):	N/A <input type="checkbox"/>	<b>PROVIDE PHOTO 9d4</b>
e. Samples chipped out in spall areas:		
1. No:	<input type="checkbox"/>	
2. Yes, describe color, texture, aggregate, general quality:		<b>PROVIDE PHOTO 9e</b>
f. Identify any concrete framing member (e.g. slabs and transfer elements) with obvious overloading, overstress, deterioration (e.g. efflorescence at underside of slab or at base of column or wall), or excessive deflection:		<b>PROVIDE PHOTO 9f</b>

## 10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS

a. Windows/Storefronts/Curtainwalls/Skylights	<b>PROVIDE PHOTO 10</b>
1. Type (Wood, steel, aluminum, vinyl, jalousie, single hung, double hung, casement, awning, pivoted, fixed, other):	
Single hung windows	
2. Anchorage: type and condition of fasteners and latches: Good	

3. Sealant: type and condition of perimeter sealant and at mullions: <b>Good</b>	
4. Interiors seals: type and condition at operable vents: <b>Good</b>	
5. General condition: <b>Good</b>	
6. Describe any repairs needed:	
Not needed	
b. Structural Glazing on the exterior envelope of Threshold Buildings (Yes/No): <b>No</b>	
1. Previous Inspection Date:	
2. Description of Curtain Wall Structural Glazing and adhesive sealant:	
3. Describe Condition of System:	
c. Exterior Doors (All types included)	PROVIDE PHOTO 10c
1. Type (Swing Wood, Swing Steel, Storefront, Sliding Door, Overhead other, please describe):	
Swing doors	
2. Anchorage: type and condition of fasteners and latches: <b>Good</b>	
3. Sealant: type and condition of sealant: <b>Good</b>	

4. General condition: <b>Good</b>
5. Describe any repairs needed: <b>Repairs Not Required</b>

<b>11. WOOD FRAMING</b>	This Section is Not Applicable: <input checked="" type="checkbox"/>
a. Type: fully describe if mill construction, light construction, major spans, trusses:	PROVIDE PHOTO 11a
b. Indicate the condition of the following:	PROVIDE PHOTO 11b
1. Walls:	
2. Floors:	
3. Roof member, roof trusses:	
c. Note metal connectors (i.e., angles, plates, bolts, split pintles, other, and note condition):	PROVIDE PHOTO 11c
d. Joints: note if well fitted and still closed:	PROVIDE PHOTO 11d

e. Drainage: note accumulations of moisture	PROVIDE PHOTO 11e
f. Ventilation: note any concealed spaces not ventilated:	PROVIDE PHOTO 11f
g. Note any concealed spaces opened for inspection:	PROVIDE PHOTO 11g
h. Identify any wood framing member with obvious overloading, overstress, deterioration, or excessive deflection. (Is Structural Repairs Required?):	PROVIDE PHOTO 11h

<b>12. BUILDING FAÇADE INSPECTION (Threshold Buildings<sup>1</sup>)</b>	This Section is N/A:	<input checked="" type="checkbox"/>	PROVIDE PHOTO 12
a. Identify and describe the exterior walls and appurtenances on all sides of the building. (Cladding type, corbels, precast appliques, etc.)			
b. Identify the attachment type of each appurtenance type (mechanically attached or adhered):			
c. Indicate the condition of each appurtenance (distress, settlement, splitting, bulging, cracking, loosening of metal anchors and supports, water entry, movement of lintel or shelf angles, or other defects):			

<b>13. SPECIAL OR UNUSUAL FEATURES IN THE BUILDING</b>	This Section is N/A	<input checked="" type="checkbox"/>	<b>PROVIDE PHOTO 13</b>
a. Identify and describe any special or unusual feature (i.e. cable suspended structures, tensile fabric roof, large sculptures, chimneys, porte-cochere, retaining walls, seawalls, signs, canopy, awnings, attached terraces, etc.)			
b. Indicate condition of the special feature, its supports, connections, and if repairs are required:			

<b>14. UNDERGROUND OR LOWER-LEVEL PARKING GARAGES</b>	This Section is N/A:	<input checked="" type="checkbox"/>	<b>PROVIDE PHOTO 14</b>
<b>CHECKLIST ITEMS TO CONFIRM OR CONSIDER FOR UNDERGROUND PARKING GARAGE: 14A.</b>			
CURRENT Base Flood Elevation: _____ ft. (Select Datum)			
<b>Note: All elevation datums provided must be in the same datum as the Flood Insurance Rate Map (FIRM).</b>			
1. What is the wet season <sup>2</sup> ground water elevation (water table): _____ ft. (Select Datum)			
2. What is the elevation of lowest parking garage finished floor: _____ ft. (Select Datum)			
3. What is the elevation of the parking garage entrance: _____ ft. (Select Datum)			
4. Is the wet season ground water elevation (water table) higher than the lowest floor elevation? Select (Yes or No)			
Explanation:			
5. Is the garage entrance elevation lower than the base flood elevation?                      Select: (Yes or No)			
Explanation:			
6. List use of structure above the underground portion of the parking garage. (e.g. parking, terrace, occupiable space):			
Describe:			
7. Does underground parking structure show any evidence of bulging, settlement, cracking or deflection? Describe:			
Describe:			

8. Describe general surface conditions (cracking, spalling, peeling, or staining)
Explanation:
<b>14B.</b>
1. Do the parking garage slabs (overhead and floor slabs) and/or walls show evidence of leakage (efflorescence at the underside of slab or at base of column)? (Yes or No):
Explanation:
2. Is there any evidence of previous patching or repairs? (Yes or No):
Explanation:

<sup>1</sup> **THRESHOLD BUILDING:** In accordance with *Florida Statute*, any building which is greater than 3 stories or 50 feet in height, or which has an assembly occupancy classification that exceeds 5,000 square feet in area and an occupant content of greater than 500 persons.

<sup>2</sup> **WET SEASON:** Compare the current Base Flood Elevation (BFE) on the latest FEMA Flood Insurance Rate Map (FIRM) with the October water table elevation shown in the Miami-Dade County Average Ground Water October maps available with the Miami-Dade Department of Environmental Resource Management (DERM)

**15. DETERIORATION**

N/A:

**PROVIDE PHOTO 15**

a. Based on the scope of inspection, describe any structural deterioration and describe the extent of such deterioration.


If **Substantial Structural Deterioration** has been observed:

N/A:

**PROVIDE PHOTO**

16. Identify the damage and describe the extent of the substantial structural deterioration along with the need for maintenance, repair and/or replacement recommendations.


17. Identify and describe areas requiring added inspection as well as results of any testing.


18. Describe manner and type of inspections performed.


19. Provide graded urgency of each recommended repair.


20. State whether unsafe or dangerous conditions exist, as these terms are defined in the Florida Building Code, where observed.


**Reset Form**



**BUILDING RECERTIFICATION INSPECTION REPORT FORM - ELECTRICAL**

- Initial Inspection Report       Amended Inspection Report after completion of repairs

**Licensed Engineer(s) or Architect(s) Responsible for Recertification Inspection**

Inspection Firm Name (if applicable): ATEEQ Architecture @ Design

Address: 2275 NW 84th Ave

Telephone Number: 786-546-1251      Email: Gilbert@ateeqarchitecture.com

Assuming Responsibility for:  All     Portion    If portion, please list:

Inspection Commencement Date: 7/12/25

Inspection Completion Date: 7/12/25

NOTE: Add pages as required to list all additional design professionals assuming responsibility for the Recertification Inspections or portions thereof. Each Design Professional must sign and seal their portion of the work in accordance with Florida Statutes.

Please check the condition that applies:

- Dangerous Condition Observed. Notify Building Official within 10 days
- Immediate Dangerous Condition Observed. Notify Building and Fire Officials within 24 hours
- Maintenance needed but does not rise to the level of Dangerous
- Passed the Inspection

Licensed Design Professional:     Engineer       Architect

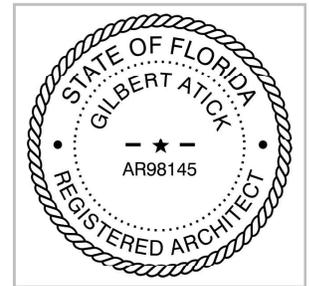
Name: Gilbert Atick

License Number: AR98145

I am qualified to practice in the discipline in which I am hereby signing:

Signature: Gilbert Atick 

Date: 8/8/25



Seal

This report has been based upon the minimum inspection requirements of Miami-Dade County Code Sec. 8-11(f). To the best of my knowledge and ability, this report represents an accurate appraisal of the present conditions of the electrical system, based on careful evaluation of conditions, to the extent reasonably possible.

# MINIMUM INSPECTION PROCEDURAL GUIDELINES FOR BUILDING ELECTRICAL RECERTIFICATION

**CASE REFERENCE NUMBER:**

**JURISDICTION NAME:**

City Of coral Gables

**\*Use separate sheets for additional responses by referencing the report section number.**

<b>1. DESCRIPTION OF BUILDING</b>	
a. Name on Title:	19 SIDONIA LLC
b. Building Street Address:	19 SIDONIA AVE <span style="float: right;">Bldg. #:</span>
c. Legal Description:	8 54 41 PB 25-69 CORAL GABLES DOUGLAS SEC LOT 17 BLK 23 Attached: <input type="checkbox"/>
d. Owner's Name:	19 SIDONIA LLC
e. Owner's Mailing Address:	5723 SW 42 TER MIAMI, FL 33155
f. Owner's email:	internationalrealestategrp@gmail.com
g. Owner's Contact Phone Number:	786-355-4689
h. Corresponding Property Folio Number:	03-4108-009-2150
i. Name of Condominium or Cooperative Association (if applicable):	
j. Building Code Occupancy Classification:	MULTI-FAMILY
k. Present Use:	MULTI-FAMILY
l. General description, type of construction, size, number of stories, and special features:	2 story multi family building with CMU exterior wall structure and a wood truss roof. Building is approx 2640 SF
m. Number of Stories:	2
n. Is this a Threshold Building <sup>1</sup> as per 553.71(12) F.S. (Yes/No):	No
o. Additional Comments:	

**2. INSPECTIONS**

a. Date of Notice of Required Inspection:

b. Date(s) of actual inspection: 7-12-2025

c. Name and qualifications of licensee submitting report:

Gilbert Atick

d. Are Any Electrical Repairs Required? (YES/NO): No

1. If required, describe, and indicate acceptance:

e. Can the building continue to be occupied while recertification and repairs are ongoing? (YES/NO): Yes

1. Explanation/Conditions:

**3. ELECTRICAL SERVICE** PROVIDE PHOTO 3

a. Size: Voltage ( ) Amperage ( 400 ) Type: Fuses ( ) Breakers ( )

b. Phase: Three-Phase (  ) Single Phase (  )

c. Condition: Good (  ) Fair (  ) Needs Repair (  )

Comments:

As observed at time of inspection. Owner is responsible for continuously

maintaining all components

**4. METERING EQUIPMENT** PROVIDE PHOTO 4

1. Clearances: Good (  ) Fair (  ) Needs Correction (  )

Comments:

As observed at time of inspection. Owner is responsible for continuously

maintaining all components

<b>5. ELECTRIC ROOMS</b>	Not Applicable: <input checked="" type="checkbox"/>	<b>PROVIDE PHOTO 5</b>
1. Clearances:	Good ( <input checked="" type="radio"/> )      Fair ( <input type="radio"/> )      Needs Correction ( <input type="radio"/> )	
Comments:		
As observed at time of inspection. Owner is responsible for continuously maintaining all components		

<b>6. GUTTERS</b>	Not Applicable: <input checked="" type="checkbox"/>	<b>PROVIDE PHOTO 6</b>
1. Location:	Good ( <input type="radio"/> )      Needs Repair ( <input type="radio"/> )	
2. Taps and Fill:	Good ( <input type="radio"/> )      Needs Repair ( <input type="radio"/> )	
Comments:		

<b>7. ELECTRICAL PANELS</b>	<b>PROVIDE PHOTO 7</b>
1. Panel # ( 1 )	Location: On first floor near meters
	Good ( <input checked="" type="radio"/> )      Needs Repair ( <input type="radio"/> )
2. Panel # ( 2 )	Location: in Unit
	Good ( <input checked="" type="radio"/> )      Needs Repair ( <input type="radio"/> )
3. Panel # ( 3 )	Location: in Unit
	Good ( <input checked="" type="radio"/> )      Needs Repair ( <input type="radio"/> )
4. Panel # ( 4 )	Location: in Unit
	Good ( <input checked="" type="radio"/> )      Needs Repair ( <input type="radio"/> )
5. Panel # ( 5 )	Location: in Unit
	Good ( <input checked="" type="radio"/> )      Needs Repair ( <input type="radio"/> )
Use separate sheets for additional panels.	



**11. SERVICE CONDUIT/RACEWAYS****PROVIDE PHOTO 11**Good (  )Needs Repair (  )

Comments:

As observed at time of inspection. Owner is responsible for continuously maintaining all components

**12. GENERAL CONDUIT/RACEWAYS****PROVIDE PHOTO 12**Good (  )Needs Repair (  )

Comments:

As observed at time of inspection. Owner is responsible for continuously maintaining all components

**13. WIRE AND CABLES****PROVIDE PHOTO 13**Good (  )Needs Repair (  )

Comments:

As observed at time of inspection. Owner is responsible for continuously maintaining all components

**14. BUSWAYS**Not Applicable: **PROVIDE PHOTO 14**Good (  )Needs Repair (  )

Comments:

**15.THERMOGRAPHY INSPECTION RESULTS**Not Applicable: **PROVIDE PHOTO 15**

Design Professional to summarize results below. Attach thermography report by certified thermographer.

Are there any anomalies reported in the thermography report? (Yes/No): No

Comments:

**16.OTHER CONDUCTORS****PROVIDE PHOTO 16**Good (  ) Needs Repair (  )

Comments:

As observed at time of inspection. Owner is responsible for continuously maintaining all components

**17.TYPES OF WIRING METHODS****PROVIDE PHOTO 17**

- |                               |   |  |                               |
|-------------------------------|---|--|-------------------------------|
| 1. Conduit Raceways Metallic: | Good ( <input checked="" type="radio"/> ) | Needs Repair ( <input type="radio"/> ) | N/A ( <input type="radio"/> ) |
| 2. Conduit PVC:               | Good ( <input checked="" type="radio"/> ) | Needs Repair ( <input type="radio"/> ) | N/A ( <input type="radio"/> ) |
| 3. NM Cable:                  | Good ( <input type="radio"/> )            | Needs Repair ( <input type="radio"/> ) | N/A ( <input type="radio"/> ) |
| 4. Other Conductors/Cables:   | Good ( <input type="radio"/> )            | Needs Repair ( <input type="radio"/> ) | N/A ( <input type="radio"/> ) |

a. Other Conductors/Cables (Specify):

Comments:

As observed at time of inspection. Owner is responsible for continuously maintaining all components

**18.EXISTING EMERGENCY LIGHTING (BUILDING INTERIOR)****PROVIDE PHOTO 18**Good (  ) Needs Repair (  ) N/A (  )

Comments:

As observed at time of inspection. Owner is responsible for continuously maintaining all components

<b>19. EXISTING BUILDING EGRESS ILLUMINATION (BUILDING EXTERIOR)</b>	<b>PROVIDE PHOTO 19</b>
Good ( <input checked="" type="radio"/> )	Needs Repair ( <input type="radio"/> )
N/A ( <input type="radio"/> )	
Comments:	
As observed at time of inspection. Owner is responsible for continuously maintaining all components	

<b>20. EXISTING FIRE ALARM SYSTEM</b>	<b>PROVIDE PHOTO 20</b>
Good ( <input checked="" type="radio"/> )	Needs Repair ( <input type="radio"/> )
N/A ( <input type="radio"/> )	
Comments:	
As observed at time of inspection. Owner is responsible for continuously maintaining all components	

<b>21. EXISTING SMOKE DETECTORS (Part of a fire alarm system only)</b>	Not Applicable: <input type="checkbox"/>	<b>PROVIDE PHOTO 21</b>
Good ( <input checked="" type="radio"/> )	Needs Repair ( <input type="radio"/> )	N/A ( <input type="radio"/> )
Comments:		
As observed at time of inspection. Owner is responsible for continuously maintaining all components		

<b>22. EXISTING EXIT SIGNS (ILLUMINATED)</b>	<b>PROVIDE PHOTO 22</b>
Good ( <input checked="" type="radio"/> )	Needs Repair ( <input type="radio"/> )
N/A ( <input type="radio"/> )	
Comments:	
As observed at time of inspection. Owner is responsible for continuously maintaining all components	

**23. EMERGENCY GENERATOR**

**PROVIDE PHOTO 23**

Good (  )

Needs Repair (  )

N/A (  )

Comments:


**24. WIRING IN OPEN OR UNDERCOVER PARKING GARAGE AREAS**

**PROVIDE PHOTO 24**

Good (  )

Requires Additional Illumination(  )

N/A (  )

Comments:


**25. OPEN OR UNDERCOVER PARKING GARAGE AND EGRESS ILLUMINATION**

**PROVIDE PHOTO 25**

Good (  )

Requires Additional Illumination(  )

N/A (  )

Comments:


**26. SWIMMING POOL WIRING**

**PROVIDE PHOTO 26**

Good (  )

Needs Repair (  )

N/A (  )

Comments:


**27. WIRING TO MECHANICAL EQUIPMENT****PROVIDE PHOTO 27**Good (  )Needs Repair (  )N/A (  )

Comments:

As observed at time of inspection. Owner is responsible for continuously maintaining all components

**28. UNDERGROUND OR LOWER-LEVEL PARKING GARAGES**N/A: **PROVIDE PHOTO 28**

CHECKLIST ITEMS TO CONFIRM OR CONSIDER FOR UNDERGROUND PARKING GARAGE:

Number of Levels Below Grade Plane:

A. Are the sump pumps operational? Select: (Yes/Need Repair/N/A)

Explanation:

B. If the elevator(s) travel below grade plane:

1. Are they programmed to return to a level at or above BFE plus freeboard:

Select: (Yes, No, Needs Repair, Will Retrofit):

Explanation:

2. Are they equipped with sensors that prevent the cab from descending into a flooded hoistway?

Select: (Yes, No, Needs Repair, Will Retrofit):

Explanation:

C. Are the branch electrical circuits feeding devices below grade plane protected by a Ground Fault Circuit Interrupter (GFCI) breaker?

Select: (Yes, No, Needs Repair, Will Retrofit):

Explanation:

**29. GENERAL ADDITIONAL COMMENTS****Reset Form**

# Ateeq Architecture and Design LLC

Gilbert Atick AIA

AR98145

## 40 YEAR RECERTIFICATION

**Date Prepared:** 08/08/2025

**Prepared for:** City of Coral Gables  
City Hall 405 Biltmore Way  
Coral Gables, FL 33134

**Project Address:** 19 Sidonia Ave

Dear Building Official,

Based on my evaluation as attached hereto of the aforementioned property, this building is electrically safe for the specified and present occupancy and electrically safe for the specified and present occupancy for recertification.

Sincerely Yours,

Gilbert Atick

# Ateeq Architecture and Design LLC

Gilbert Atick AIA

AR98145

## 40 YEAR RECERTIFICATION

**Date Prepared:** 08/08/2025

**Prepared for:** City of Coral Gables  
City Hall 405 Biltmore Way  
Coral Gables, FL 33134

**Project Address:** 19 Sidonia Ave

Dear Building Official,

Based on my evaluation as attached hereto of the aforementioned property, this building is structurally safe for the specified and present occupancy and electrically safe for the specified and present occupancy for recertification.

Sincerely Yours,

Gilbert Atick



**CERTIFICATION OF COMPLIANCE WITH PARKING LOT GUARDRAILS STANDARDS IN CHAPTER 8C-6 OF THE CODE OF MIAMI-DADE COUNTY**

Case No. \_\_\_\_\_

Folio No. \_\_\_\_\_

Property Address: \_\_\_\_\_

Bldg. No. \_\_\_\_\_, Sq. Footage: \_\_\_\_\_

Building Description: \_\_\_\_\_

I am a Florida registered professional  engineer /  architect with an active license.

On \_\_\_\_\_, 20\_\_\_\_, I inspected the parking lots servicing the above referenced building for compliance with Section 8C-6 and determined the following (check only one):

The parking lot(s) is not adjacent to or abutting a canal, lake, or other body of water.

The parking lot(s) is adjacent to or abutting a canal, lake or other body of water and parked vehicles are protected by a guardrail that complies with Section 8C-6 of the Miami- Dade County Code.

The parking lot(s) is adjacent to or abutting a canal, lake or other body of water and parked vehicles **are not** protected by a guardrail that complies with Section 8C-6 of Miami-Dade County Code. I have advised the property owner that he/she must obtain a permit for the installation of the guardrail and obtain all required inspection approvals to avoid enforcement action.

\_\_\_\_\_  
Signature and Seal of Architect or Engineer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**CERTIFICATION OF COMPLIANCE WITH PARKING LOT ILLUMINATION  
STANDARDS IN CHAPTER 8C-3 OF THE CODE OF MIAMI-DADE COUNTY**

Date: \_\_\_\_\_

Case No. \_\_\_\_\_ FYear \_\_\_\_\_

Property Address: \_\_\_\_\_, Bldg. No.: \_\_\_\_\_, Sq. Ft.: \_\_\_\_\_

Folio Number: \_\_\_\_\_

Building Description: \_\_\_\_\_

1. I am a Florida registered professional  engineer  architect with an active license.
2. On, 20 \_\_\_\_\_ at \_\_\_\_\_  AM  PM, I measured the level of illumination in the parking lot(s) serving the above referenced building.
3. Maximum \_\_\_\_\_ foot candle  
Minimum \_\_\_\_\_ foot candle  
Maximum to Minimum Ratio \_\_\_\_\_ : \_\_\_\_\_, foot candle
4. The level of illumination provided in the parking lot  meets  does not meet the minimum standards for the occupancy classification of the building as established in Section 8C-3 of Miami-Dade County Code.

\_\_\_\_\_  
Signature and Seal of Professional

\_\_\_\_\_  
Print Name Engineer or Architect



# Electrical Thermography Report

www.highendinfrared.com

+1 (786) 301-6119

**Inspection Date:**

**July 4th. 2025**

**Company**

**19 Sidonia Ave.**

**Address**

**19 Sidonia Ave. Coral Gables, FL 33134**

**Certified Thermographer**

**Armando Godoy**

**Valid Certification Number**

**Electrical/Mechanical, Level II CN-220214-1**

**Infrared Camera Used**

**FLIR T530 (-4 F to 248 F)**





# Electrical Thermography Report

www.highendinfrared.com

+1 (786) 301-6119

## Inspection

This Infrared Thermography Inspection report provides complete documentation of the thermal patterns detected in your equipment, structures or systems. We use an objective evaluation to help you prioritize repairs to provide the maximum return for this Inspection and its Maintenance Program based on IR Thermography.

## How Infrared Thermography Works

Infrared cameras SEE the radiated heat of the equipment in real time, just as a video camera sees visible light. On white-black thermograms (heat images), white is hot and black is cold, unless otherwise indicated. When the thermograms are color, the colors in the image match the color bar. Colors that appear near the top of the reference bar indicate high temperatures, colors that appear below the reference bar indicate low temperatures.

## Repair Priority Classification

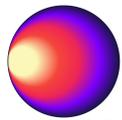
Each Thermogram is assigned a Repair Priority Classification, which is based on temperature elevation values over a reference temperature, whether of a device operating in similar conditions or manufacturer data, our reports include a correction of the Temperature rise known as Tcorr to compensate for the actual current of the circuit vs the nominal one, this procedure provides greater measurement accuracy and makes the report and the standards used traceable according to the criteria mentioned mainly in ISO TC108 Section 11.3, although other standards such as those of IEEE, NEMA, NFPA and NETA may be used in a complementary manner as required by the application. It is important to clarify that this correction is made only when a fault or anomaly is found and a quantitative analysis is required, when images are attached as a reference a qualitative analysis is made and no compensation is made, when it is necessary to make a quantitative analysis and there is no possibility of obtaining the current measurement a 75% load is assumed in the inspected system.

Overheating can cause premature and costly deterioration, unplanned failures in your equipment. Connectors, conductors and overheated components will never improve, in fact, the temperature and the deterioration process will increase over time. No one can predict when a fault will occur. As a result, we recommend that you use the Repair Priority Classification as a guide, but that you investigate and take appropriate corrective action as soon as possible. For the inspected equipment, we have attached the thermogram and the corresponding visual image to document the conditions found during the inspection.

### Severity Classification based on Delta T Corrected by Load values

> 68 °F	<b>Critical - Repair Immediately</b>
32.1°F TO 68°F	<b>Serious - Schedule Repair ASAP</b>
12.1°F TO 32°F	<b>Important - Scheduled Repair</b>
0°F TO 12°F	<b>Minor - Repair on next Scheduled Maintenance</b>
< 0°F	<b>Normal</b>





HIGH END  
INFRARED

# Electrical Thermography Report

www.highendinfrared.com

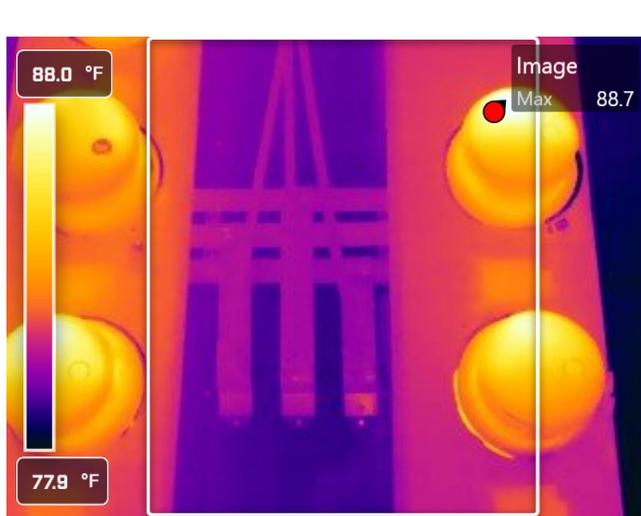
+1 (786) 301-6119

## Summary

Location	Equipment	Severity	Page
Outside	Main Incoming	NORMAL	4
Outside	House Panel	NORMAL	5
Outside	Meters Racks	NORMAL	6



## Thermogram



## Visual Image



## Text annotations

Site	19 Sidonia Ave
Address	19 Sidonia Ave. Coral Gables, FL 33134
Location	Outside
Equipment	Main Incoming
Rated Amps.	400
Measured load	9/15/na/5

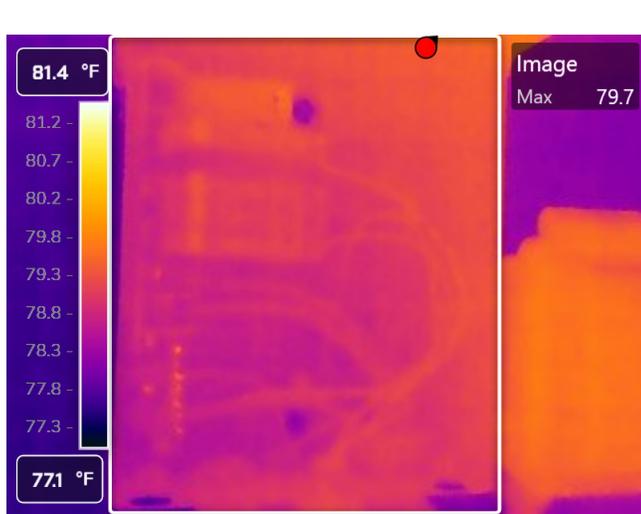
Emissivity	0.96
Maximum temp.	88.7 °F
Atmospheric temp.	80.0 °F

<b>Severity</b>	<b>NORMAL</b>
Delta T corrected by load	<=0

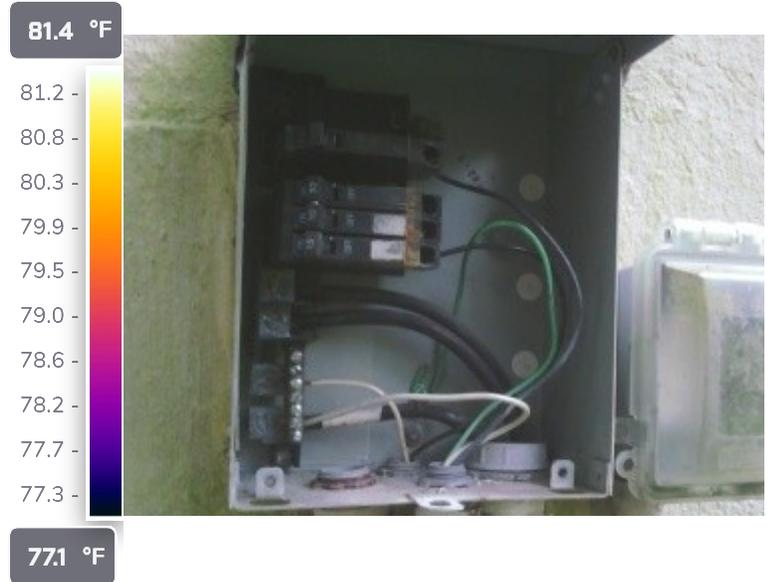
## Comments:

NO THERMAL PROBLEMS FOUND

## Thermogram



## Visual Image



## Text annotations

Site	19 Sidonia Ave
Address	19 Sidonia Ave. Coral Gables, FL 33134
Location	Outside
Equipment	House Panel
Rated Amps.	125
Measured load	0/1/na/1

Emissivity	0.96
Maximum temp.	79.7 °F
Atmospheric temp.	80.0 °F

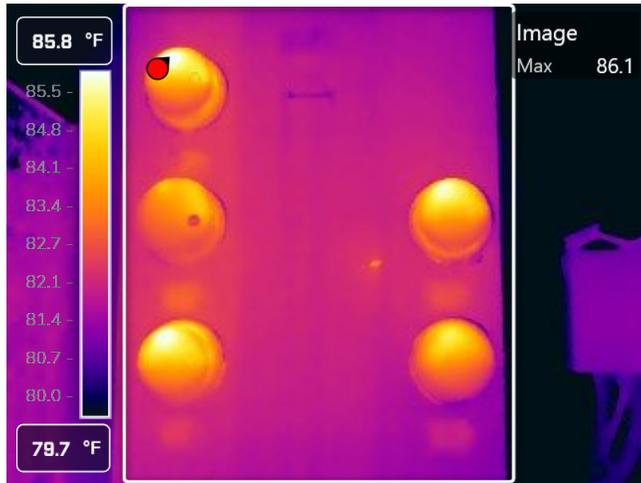
<b>Severity</b>	<b>NORMAL</b>
Delta T corrected by load	<=0

## Comments:

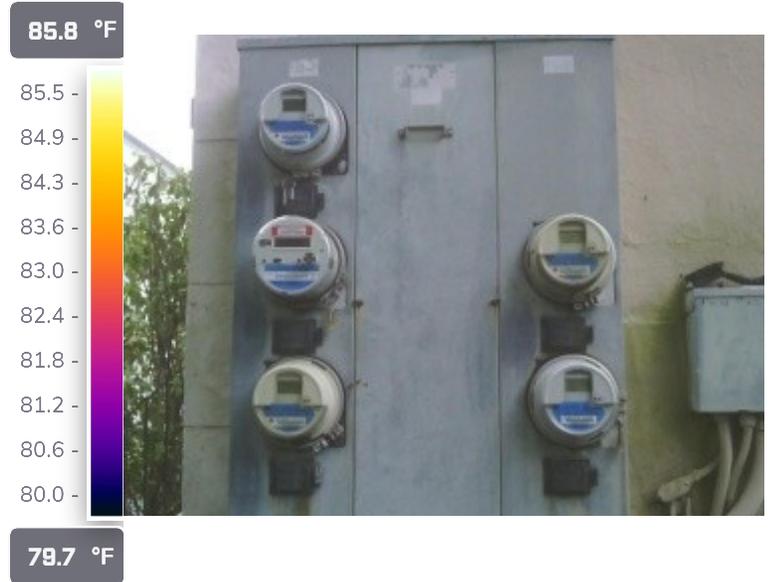
NO THERMAL PROBLEMS FOUND



## Thermogram



## Visual Image



## Text annotations

Site	19 Sidonia Ave
Address	19 Sidonia Ave. Coral Gables, FL 33134
Location	Outside
Equipment	Meters Racks
Rated Amps.	100
Measured load	N/A

Emissivity	0.96
Maximum temp.	86.1 °F
Atmospheric temp.	80.0 °F

<b>Severity</b>	<b>NORMAL</b>
Delta T corrected by load	<=0

## Comments:

NO THERMAL PROBLEMS FOUND



# Electrical Thermography Report

www.highendinfrared.com

+1 (786) 301-6119

## Final Comments:

TEMPERATURES FOUND WERE CONSISTENT WITH LOADS, TYPE OF COMPONENTS AND AMBIENT CONDITIONS DURING THE INSPECTION.

NO THERMAL PROBLEMS FOUND

This report has been revised and approved by:

A handwritten signature in blue ink, appearing to read 'Armando Godoy'.

**Armando Godoy**  
**High End Infrared**  
Snell Group Level II Certified Thermographer  
CN-220214-1

(See Certificate next page)

