

HISTORIC PRESERVATION AD-VALOREM TAX EXEMPTION

PART 2 – REQUEST FOR REVIEW OF COMPLETED WORK

INSTRUCTIONS:

Upon completion of the restoration, rehabilitation, or renovation, return this form **with photographs of the completed work (both exterior and interior views of the building)** to the City of Coral Gables Historical Resources Department.

Each photograph must be clearly labeled, and they should be the same views as the before photographs that were included in the Preconstruction Application.

If there are conditions included as part of the Final Recommendation from the local Historic Preservation Officer, the application will not be considered complete until all conditions have been met and acknowledged by the local Historic Preservation Officer.

I. Property identification and location:

Peacock Re-Sub PB 35-60, Lot 8 Lost Size Irregular OR
Property Name: 29314-0878 0614 19
03-4107-021-0040
Folio Number: _____
936 Castile Ave, Coral Gables, FL 33134
Street Address: _____

II. Data on restoration, rehabilitation or renovation project:

Nov. 15, 2016
Project start date: _____

May 28, 2021
Project completion date: _____

\$600,000
Cost of entire project: _____

Estimated costs attributed \$500,000
to work on historic buildings: _____

Segisberto Leon, Jr (786) 227-6635
Name of architect: _____ Phone: _____

Luis Torres (786) 357-1670
Name of Contractor: _____ Phone: _____

Owner attestation: I hereby apply for the historic preservation property tax exemption for the restoration, rehabilitation or renovation work described above and in the Preconstruction Application for this project which received approval on December 13, 2016.

I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed project conforms to the Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and is consistent with the work described in the Preconstruction Application. I also attest that I am the owner of the property described above or, if the property is not owned by an individual, that I am the duly authorized representative of the owner. Further, by submission of this application, I agree to allow access to the property by representatives of the City of Coral Gables Historical Resources Department, the County Historic Preservation Office, and the Office of the Property Appraiser, for the purpose of verification of information provided in this application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the City of Coral Gables and Miami-Dade County granting the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption. I also understand that falsification of factual representations in this application is subject to criminal sanctions pursuant to the Laws of Florida.

Jorge A. Saladrigas

June 8, 2021

Print Name


Signature

Date

Complete the following, if signing for an organization.

Print Name

Title

Signature

Name of Organization _____

Taxpayer Identification Number _____

Mailing Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number _____

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

**[Please attach the photographic documentation here, use additional pages if necessary.
Provide a copy of all photographs on CD, if possible.]**

REVIEW OF COMPLETED WORK
TO BE FILLED OUT BY THE
LOCAL HISTORIC PRESERVATION OFFICER

936 Castile Ave, Coral Gables, FL 33134

Street Address of property _____
03-4107-021-0040

Folio number _____

The local Historic Preservation Officer has reviewed Part 2 (Request for Review of Completed Work) of the Historic Preservation Property Tax Exemption Application for the above named property and hereby:

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., and therefore recommends approval of the requested historic preservation tax exemption.

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., and therefore recommends denial of the requested historic preservation tax exemption for the reasons stated in the Review Comments below.

Please list any Review Comments here:

Additional Review Comments attached? Yes [] No []

Signature: W. Adams

Typed or printed name: WARREN ADAMS

Title: PRESERVATION OFFICER

Date of Review: 12/10/2021

After Pictures

Photo 1

Before



After

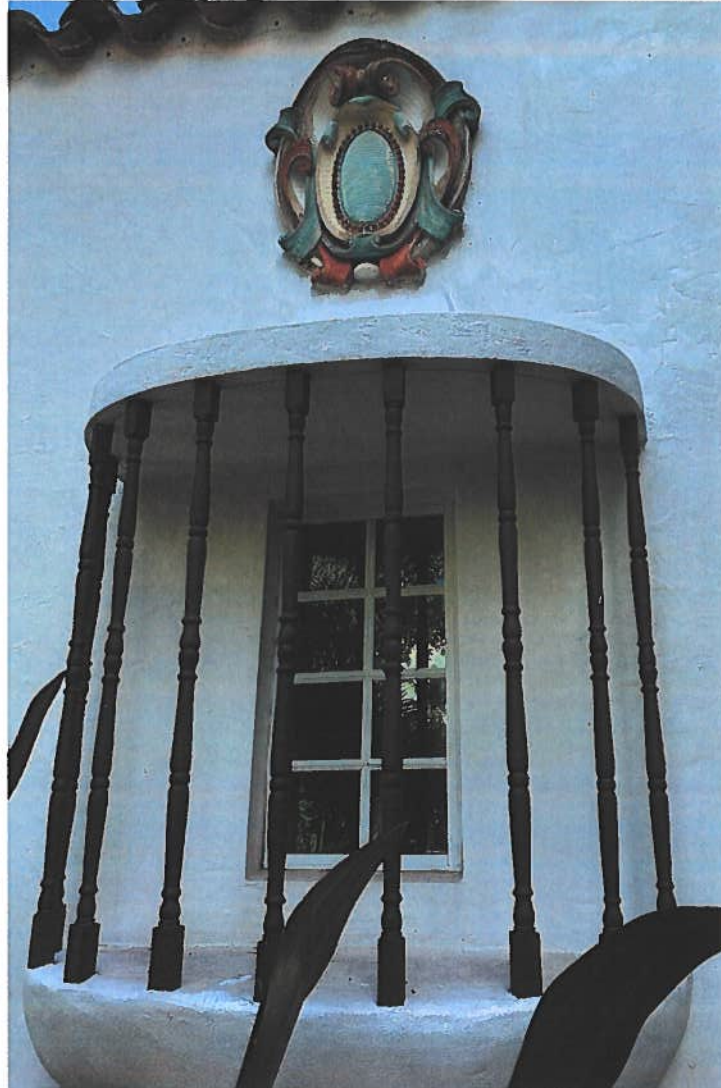


Photo 2

Before



After

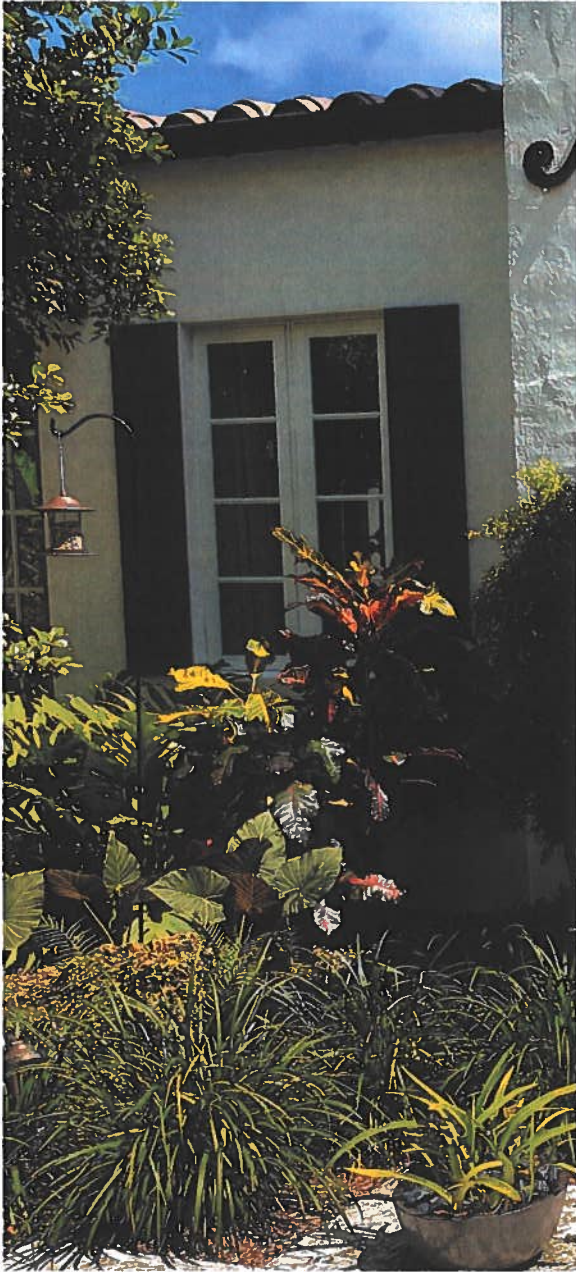


Photo 3

Before



After



Photo 4

Before

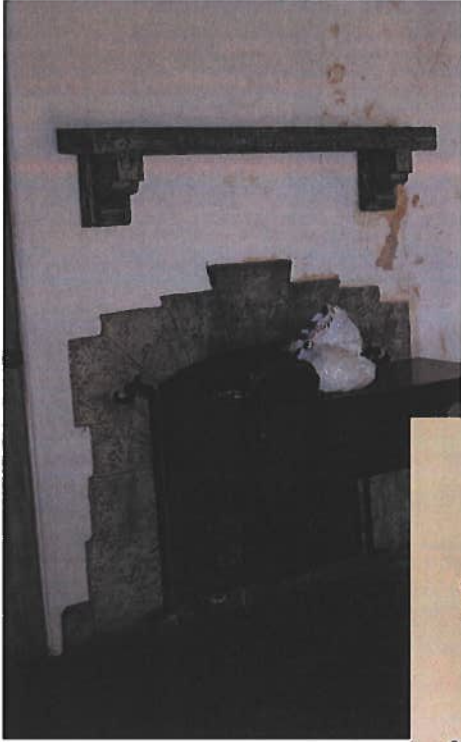


After



Photo 5

Before



After



Photo 6

Before



After

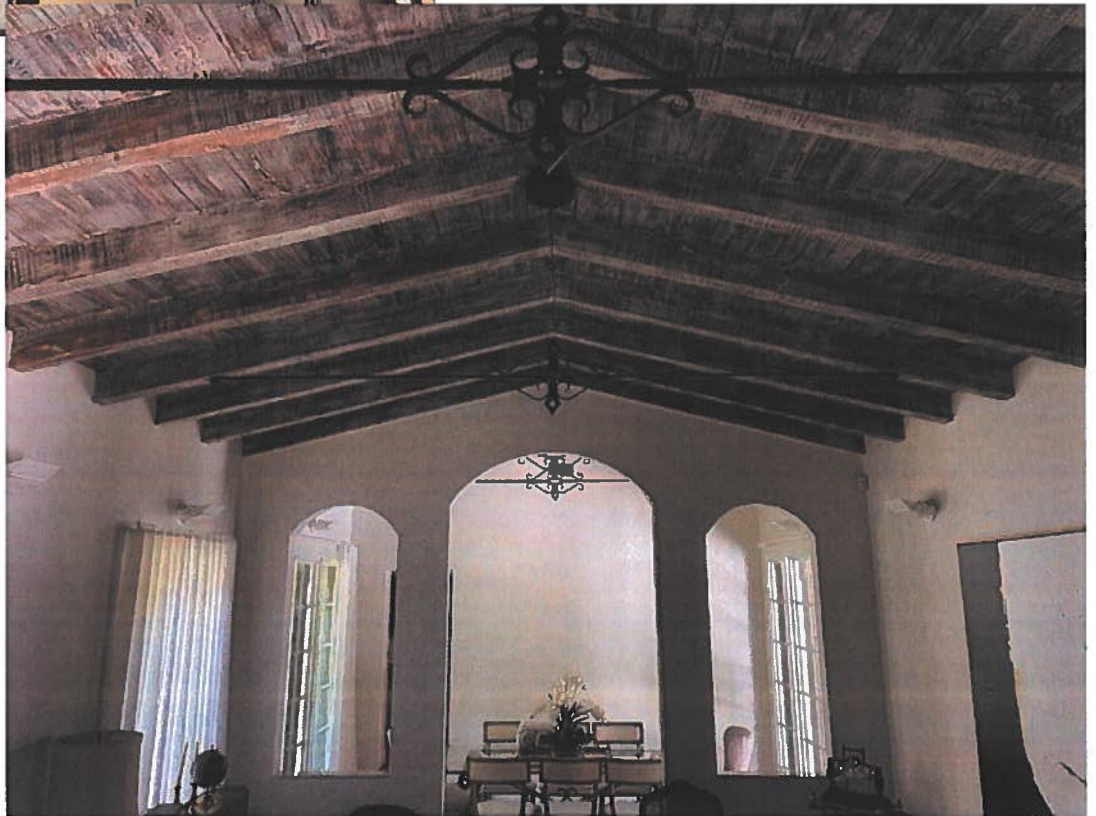


Photo 7

Before



After



Photo 8

Before



After

